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ABSTRACT

This document is the first in a series of technical reports concerning the high-risk youth demonstration grants of the Office for Substance Abuse Prevention (OSAP). The report summarizes the 130 demonstration grants funded in 1987 to develop, test, and evaluate promising approaches for working with high-risk youth. These approaches involve prevention, intervention, and treatment programs for individuals and groups, as well as comprehensive community-wide projects. The project name, agency, contact, target population, project area, and synopses are included for each grantee. In 56% of the grants, the target population is a minority group. Multiethnic groups that include whites are the target group of an additional 41% of the grants. The etiology of alcohol and other drug use and prevention are discussed, with a review of pertinent research. Summaries describe the models used to reduce the prevalence and incidence of alcohol and other drug problems among specific populations. They also present the outcomes expected by grantees and the contributions being made by each program to the prevention field. Summaries are listed in the following categories: (1) Asian/Pacific Islanders; (2) Blacks; (3) Hispanics; (4) Native Americans; (5) White Americans; (6) multiethnic (minority); and (7) multiethnic (including Whites). Two figures, statistical data on six graphs, and a 157-item list of references is included. (SLD)

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Office for Substance Abuse Prevention

Breaking New Ground For Youth At Risk: Program Summaries

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OSAP Technical Report–1

Breaking New Ground For Youth At Risk: Program Summaries

Editor
Eric N. Goplerud, Ph.D.

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OSAP Technical Reports are prepared by the Division of Demonstrations and Evaluation, Office for Substance Abuse Prevention (OSAP), and published by its Division of Communication Programs. The primary objective of the series is to facilitate the transfer of prevention and intervention technology between and among researchers, administrators, policymakers, educators, and providers in the public and private sectors. At times, this series will publish reviews of innovative or exemplary programming models and reviews of evaluative studies conducted by OSAP grantees.

The presentations herein are those of the authors and may not necessarily reflect the opinions, official policy, or position of OSAP; the Alcohol, Drug Abuse, and Mental Health Administration; the Public Health Service; or the U.S. Department of Health and Human Services.

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Foreword

This volume is the first in a series of technical reports concerning the high-risk youth demonstration grants of the Office for Substance Abuse Prevention (OSAP). This new agency, created by Congress in 1986 within the U.S. Department of Health and Human Services, provides national leadership for alcohol and drug abuse prevention and intervention efforts among the Nation's citizenry, with special emphasis on programs for youth and high-risk populations. OSAP establishes linkages with other public and private sector agencies and organizations to facilitate collaboration and a comprehensive approach to alcohol and other drug problems.

To accomplish its mission, OSAP carries out demonstration projects targeted to specific high-risk groups; assists communities in developing long-term, comprehensive prevention programs that involve all sectors of the community; operates a national clearinghouse of publications and other materials and services; develops and carries out media campaigns and other knowledge-transfer programs; provides training in the prevention of addictive disorders for health care and allied professionals, parents, youth, multicultural groups, and others; and provides technical assistance and other services to help communities, organizations, and others develop and implement prevention/intervention efforts.

All programs carried out or supported by OSAP are knowledge based, and evaluation is an important aspect of individual projects and OSAP's overall program.

This report summarizes the 130 demonstration grants funded in 1987 to develop, test, and evaluate promising approaches for working with high-risk youth. These approaches involve prevention, intervention, and treatment programs for individuals and groups, as well as comprehensive, communitywide projects. As the summaries amply demonstrate, an exciting array of ideas and practices is now being tested with young people, their parents, and their communities.

Subsequent documents in this series will provide indepth, practical information about effective prevention activities with high-risk groups. These reports will share the latest, most reliable knowledge available about the strategies and techniques that seem to work best with high-risk populations. We also expect to help answer some of the many questions practitioners have about the practical aspects of developing programs for those at high risk, such as how to select, recruit, and retain hard-to-reach young people for prevention activities.

We anticipate that this series of documents will assure the rapid sharing of new knowledge about programs for high-risk youth and will promote nationwide use of the most effective known practices and approaches for helping vulnerable young people.

Elaine M. Johnson, Ph.D.
Director
Office for Substance Abuse Prevention

Preface

Alcohol and other drug use among American youth is one of the most serious public health problems facing the Nation today. It is widely recognized that some of America's young people are much more vulnerable than others to the risk of alcohol and other drug problems. These children are at increased risk because of their heredity, their own constitutional problems, or inadequacies in their family and community environments. Drug problems during adolescence, particularly, tend to reflect multiple problems that may have been building for a child since birth. Research shows that alcohol and other drug use is often a symptom of overwhelming social, economic, and psychological problems such as socioeconomic deprivation, parental abuse or neglect, inadequate health care, poor performance in school, the influence of deviant peers, and cultural alienation.

These children often drop out of school early. Their parents, especially those who are themselves abusing alcohol and other drugs, tend to be isolated and without social supports. Those who are most at risk can be the hardest to reach. Because this population has received little focused attention in the past, not enough is known about how to help them.

In response to this grave situation, Congress created the Office for Substance Abuse Prevention in the Anti-Drug Abuse Act of 1986 (Public Law 99-750) and charged this Office with developing a multidimensional prevention program. In the effort to provide national leadership and guidance, OSAP was mandated to sponsor a demonstration grant program that would "make grants to public and nonprofit private entities for projects to demonstrate effective models for the prevention, treatment, and rehabilitation of drug abuse and alcohol abuse among high-risk youth" (Section 509A).

This book is the first in a series of documents describing the grant program and sharing knowledge generated by those involved in the many exciting projects that were funded. In 1987, OSAP awarded grants for 130 demonstration projects across the country (see Index of Grants). Those selected represent innovative, community-based programs designed to increase our knowledge of the most effective alcohol and other drug use prevention strategies for high-risk youth. These projects are testing promising prevention and intervention strategies that offer promise for a number of reasons: they reflect useful directions suggested by the research available; they have shown some previous success with other populations or in other disease prevention areas, such as smoking; or they represent the latest in what is known about how to provide services and prevention help to disadvantaged and multicultural groups. These models offer hope and promise; evaluations of the grants will help determine which strategies work best.

This program does not give mere lip service to the concerns of minority and multicultural groups. The grant program demonstrates OSAP's intense commitment to the needs of minority populations. In 56 percent of the grants, the target population served is a minority group; multiethnic groups that include whites are the target audience in an additional 41 percent of the grants.

The funded demonstration projects are operated in 39 States by a variety of organizations: State agencies, community nonprofit organizations, universities, school boards, and juvenile courts. The projects are in rural, suburban, urban, and inner-city locations, and they target high-risk youth from a variety of ethnic backgrounds, with ages ranging from birth to 20 years old. Grantees use a wide range of innovative strategies to achieve a common goal—preventing today's youth from becoming tomorrow's drug users.

The brief summaries in this book describe the models used by project staffs to reduce the prevalence and incidence of alcohol and other drug problems among specific populations. The summaries also present the outcomes expected by grantees and the contributions being made by each program to the alcohol/other drug abuse prevention field. Many projects are creating models and materials that may be useful in other areas of the country.

This OSAP grant demonstration program marks an important endeavor in a new area. Little is currently known about preventing alcohol and other drug problems for high-risk youth, particularly those who belong to minority groups. Much new and practical knowledge is expected to emerge, along with new materials developed and tested with specific high-risk populations.

The Office for Substance Abuse Prevention also hopes that the grant program may serve as a catalyst for rapid sharing of this new knowledge. A gap often exists between research and innovative new ideas and the service providers in the field who most need promising, demonstrated strategies. To hasten the transfer and widespread dissemination of new ideas, OSAP has developed a network of concerned practitioners—the Learning Community. This community includes the demonstration grantees as well as representatives of Federal agencies with responsibility for at-risk youth, national organizations concerned with youth and/or alcohol and other drug use, State agencies, and prominent researchers in the field of alcohol and other drug use prevention.

Members of the Learning Community share information through national conferences sponsored by OSAP, with major knowledge transfer being accomplished through the National Clearinghouse for Alcohol and Drug Information (NCADI), the Regional Alcohol and Drug Awareness Resource (RADAR) Network, and OSAP's bimonthly publication *Prevention Pipeline: An Alcohol and Drug Awareness Resource*. Those interested in programs for high-risk youth may wish to find out more about these and other opportunities for sharing ideas through activities of the Office for Substance Abuse Prevention. We expect that the evaluations of these innovative projects will offer a rewarding source of information for all of us concerned with preventing alcohol and other drug problems among American youth at risk.

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Introduction

Although few children are risk free with regard to potential alcohol or other drug use, strong empirical evidence now shows that some youngsters are at much higher risk than others (Petersen 1988). Who are these high-risk children and how many young Americans fall into this category? And what strategies may help prevent these vulnerable children from developing damaging problems?

Risk factors are simply characteristics that occur statistically more often for those who develop alcohol and other drug problems, either as adolescents or as adults. Recent research points to a considerable number of such factors, including individual, family, and social/cultural characteristics. Many of the most widely identified risk factors are listed in figure 1.

It is important to realize that risk factors refer only to higher probabilities of a problem occurring. They help identify children who are most vulnerable; they do *not* mean that any individual child will absolutely develop problems. Many children growing up under highly adverse conditions still manage to become healthy, well-functioning adults. We are beginning to focus more attention on which factors seem to protect "resilient" children from adverse consequences (figure 2). By providing and reinforcing the protective factors in children's lives, we may, as a society, be able to help more vulnerable young people become fulfilled, contributing citizens.

Number of U.S. Youth at High Risk

Many teenagers who develop alcohol and other drug problems have multiple difficulties. Adolescent drug problems appear to be embedded in a history of family conflict, school failure, and antisocial behavior (Hawkins et al. 1986). Some of the behaviors correlated with early alcohol and drug use include failing in school, unwanted pregnancy, and delinquency (Dryfoos 1987). The number of high-risk youth in the United States who manifest these kinds of problems is enormous. Based on an extensive summary of epidemiological studies, Dryfoos (1987) concluded the following:

- One-fourth of the 28 million American children aged 10 to 17 years are at high risk of multiple problem behaviors and of negative long-term consequences.
- Three million of these boys and girls are in serious trouble because of alcohol and other drug use, failure in school, unwanted pregnancy, and delinquency.
- Another 4 million engage in similar behaviors with less adverse consequences at present but with the potential for future problems.
- A further 7 million (another 25 percent of U.S. youth) are at risk because they are starting to use gateway drugs (cigarettes, alcohol, and marijuana), are involved in early sex and use contraception, are doing poorly in school, or have committed minor offenses.

These problem behaviors are the result of many complex and related elements, some biological, some psychological, and some learned. Children of alcoholic parents at all socioeconomic levels are especially vulnerable to chemical dependency (Cloninger et al. 1986; Cork 1982). About 50 percent of adults in treatment for alcohol dependency have an alcoholic father, mother, or sibling. Clinicians estimate that as many as 70 percent of adolescents in treatment come from chemically dependent families; these children tend to begin using alcohol or other drugs at a particularly early age (OSAP 1989).

For children whose parents are chemically dependent, the often chaotic, nonnurturing, and sometimes abusive family environment can lead to personality disorders and antisocial behavior during adolescence and to difficulties with intimate relationships in adulthood (Ackerman 1986; Black 1981; Woititz 1985).

Although middle-class children are not immune to the risks of chemical dependency and other adverse outcomes during adolescence, they may be, to some extent, protected by their access to adequate health care and other social services, good nutrition, and quality schools (Schorr 1988; Werner and Smith 1982). Children living in poverty, however, often lack such protective buffers. These disadvantaged youngsters suffer disproportionately high levels of prenatal damage, bad health during infancy and childhood, malnutrition, and parental abuse and neglect. Long-term

Figure 1. Risk factors

Ecological environment
- Poverty
- Living in an economically depressed area with:
  - high unemployment
  - inadequate housing
  - poor schools
  - inadequate health and social services
  - high prevalence of crime
  - high prevalence of illegal drug use
- Minority status involving:
  - racial discrimination
  - culture devalued in American society
  - differing generational levels of assimilation
  - cultural and language barriers to getting adequate health care and other social services
  - low educational levels
  - low achievement expectations from society

Family environment
- Alcohol and other drug dependency of parent(s)
- Parental abuse and neglect of children
- Antisocial, sexually deviant, or mentally ill parents
- High levels of family stress, including financial strain
- Large, overcrowded family
- Unemployed or underemployed parents
- Parents with little education
- Socially isolated parents
- Single female parent without family/other support
- Family instability
- High level of marital and family conflict and/or family violence
- Parental absenteeism due to separation, divorce, or death
- Lack of family rituals
- Inadequate parenting and low parent/child contact
- Frequent family moves

Constitutional vulnerability of the child
- Child of an alcohol or other drug abuser
- Less than 2 years between the child and its older/younger siblings
- Birth defects, including possible neurological and neurochemical dysfunctions
- Neuropsychological vulnerabilities
- Physically handicapped
- Physical or mental health problems
- Learning disability

Early behavior problems
- Aggressiveness combined with shyness
- Aggressiveness
- Decreased social inhibition
- Emotional problems
- Inability to express feelings appropriately
- Hypersensitivity
- Hyperactivity
- Inability to cope with stress
- Problems with relationships
- Cognitive problems
- Low self-esteem
- Difficult temperament
- Personality characteristics of ego undercontrol; rapid tempo, inability to delay gratification, overreacting, etc.

Adolescent problems
- School failure and dropout
- At risk of dropping out
- Delinquency
- Violent acts
- Gateway drug use
- Other drug use and abuse
- Early unprotected sexual activity
- Teenage pregnancy/teen parenthood
- Unemployed or underemployed
- At risk of being unemployed
- Mental health problems
- Suicidal

Negative adolescent behavior and experiences
- Lack of bonding to society (family, school, and community)
- Rebelliousness and nonconformity
- Resistance to authority
- Strong need for independence
- Cultural alienation
- Fragile ego
- Feelings of failure
- Present versus future orientation
- Hopelessness
- Lack of self-confidence
- Low self-esteem
- Inability to form positive close relationships
- Vulnerability to negative peer pressure

Source: See reference list at end of Introduction.

Figure 2. Protective factors

Ecological environment
- Middle or upper class
- Low unemployment
- Adequate housing
- Pleasant neighborhood
- Low prevalence of neighborhood crime
- Good schools
- A school climate that promotes learning, participation, and responsibility
- High-quality health care
- Easy access to adequate social services
- Flexible social service providers who put clients' needs first

Family environment
- Adequate family income
- Structured and nurturing family
- Parents promote learning
- Fewer than four children in family
- Siblings 2 or more years apart in age
- Few chronic stressful life events
- Multigenerational kinship network
- Nonkin support network, e.g., supportive role models, dependable substitute childcare
- Warm, close personal relationship with parent(s) and/or other adult(s)
- Little marital conflict
- Family stability and cohesiveness
- Plenty of attention during first year of life
- Sibling as caretaker/confidante

Constitutional strengths
- Adequate early sensorimotor and language development
- High intelligence
- Physically robust
- No emotional or temperamental impairments

Personality of the child
- Affectionate/endearing
- Easy temperament
- Autonomous
- Adaptable and flexible
- Positive outlook
- Healthy expectations
- Self-esteem
- Self-discipline
- Internal locus of control
- Problem-solving skills
- Socially adept
- Tolerant

Source: See reference list at end of Introduction.

damage, bad health during infancy and childhood, malnutrition, and parental abuse and neglect. Long-term damage occurs when the child's constitutional vulnerabilities are combined with an unsupportive environment and when elements of this environment—family, school, and neighborhood—compound each other's harmful effects (Schorr 1988; Werner and Smith 1982). As an example, studies have found that untreated early physical problems contribute significantly to delinquency (Schorr 1988).

In this environment, failure to master school work results in a lack of the skills needed for well-paid jobs, trapping many poor children in an intergenerational cycle of poverty, joblessness, and hopelessness. Faced with such a bleak future, many youngsters engage in self-destructive and socially disruptive behaviors. Dryfoos (1987, in press) attributed teen pregnancy among low-income white, Black, and Hispanic girls to the lack of hope for a better future. Studies she cited revealed far lower pregnancy rates among those girls who did well in school, while failure in school led to both pregnancy and the use of alcohol and other drugs (Dryfoos 1987, in press).

Other studies indicate close correlations between early use of gateway drugs, early sexual activity, and minor offenses (truancy, shoplifting); and between poor academic performance, alcohol/other drug use, early sexual activity, and delinquency (Dryfoos 1987; Donovan and Jessor 1985; Ensminger 1987). Research indicates that the earlier youngsters begin drinking or using drugs, the greater the likelihood that they will develop drug problems. Those who start to use gateway drugs—cigarettes, wine or beer, and marijuana—are more likely to progress to use of other illegal drugs.

Help for Those at Risk

No simple solution has been found for helping high-risk, disadvantaged youth. The lack of opportunity and hopelessness engendered by poverty can pass from one generation to the next. Yet evidence is overwhelming that the cycle of disadvantage can be broken. The Nation's Head Start program is an outstanding success story. For those children who, with their parents, are reached at the preschool stage, the positive effects carry over for many years in better school performance and increased rates of high school graduation. In her book, *Within Our Reach: Breaking the Cycle of Disadvantage*, Schorr (1988) described a number of programs with proven records of success on all sorts of social measures. These programs do not address alcohol and other drug abuse directly, but successfully

Why They Work: Successful Programs That Help the Disadvantaged

- A broad spectrum of services is offered to cover the multiple needs of clients.
- Program structures and staff are flexible, so that the individual needs of clients can be met.
- An ecological approach is used for helping high-risk children that recognizes the influences of the family and surrounding socioeconomic and physical environments.
- Services provided are coherent, accessible, and easy to use.
- Barriers of cost, culture, language, and inadequate transportation are eliminated—these hindrances prevent many poor people from getting the help they need.
- Staff members care about clients, have the time to provide intensive help, and are able to win clients' trust.

reduce the health and social problems often correlated with this behavior.

Programs that work in helping families and their children can occur in many types of settings, as shown by Schorr's outstanding examples:

- High school-based family planning clinics and day care centers: to significantly reduce teenage pregnancy and enable many young mothers to complete their education (St. Paul, Minnesota; Baltimore, Maryland)
- Statewide obstetrical access services in clinics and patients' homes: to provide comprehensive health care that includes prenatal and postnatal care, nutrition, health education, family planning, and parenting classes to low-income women (California's OB Access Project)
- Comprehensive community health centers: to provide health care, nutrition, and a wide array of support services to poverty-stricken urban and rural children and their families (Jackson-Hines, Mississippi)
- Inner-city partnerships of medical centers with schools: to enable physicians to reduce neonatal mortality and help disadvantaged teenage mothers be good parents, avoid further pregnancy, complete high school, and move on to promising careers, such as careers as health professionals (Watts District, Los Angeles County)
- In-home programs: to offer intensive counseling and practical help to families in crisis, such as rides to the supermarket, housecleaning, and accessing social services (Tacoma, Washington; Bronx, New York)
- Preschool programs: to offer day care, health, nutrition, and social services to preschool children and their parents (national Head Start program; Perry Preschool Program, Ypsilanti, Michigan; IDS Harlem Project, New York)

Like the successful programs described by Schorr, most of the OSAP demonstration grant projects use an ecological approach, are culturally sensitive, and attempt to break down such barriers to service utilization as language, lack of day care, inadequate transportation, and cost. These projects recognize the influence of socioeconomic deprivation, culture, family, schools, and other factors on alcohol and other drug use among high-risk youth.

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Prevention Theory and Research Related to High-Risk Youth

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This discussion of the etiology of alcohol and other drug use, and the prevention of such use by high-risk youth, examines theoretically guided, empirical research. Promising avenues are identified that can guide community-based prevention activities such as those summarized in later sections of this book.

Theories of Causation

A number of factors have been hypothesized as contributing to increased vulnerability of some young people to alcohol and other drug addiction. Prevention theories have stimulated intensive research to determine antecedents and correlates of use (risk factors) and variables that inhibit or buffer youths' involvement with such substances (resiliency factors).

Risk and resiliency factors may affect youth at three levels: *intrapersonal* (within an individual), *interpersonal* (between individuals, especially within an intimate social sphere), and *extrapersonal* (between an individual and the larger social, economic, and political environment). Contemporary theories and research have focused primarily on the first two levels, the intra- and interpersonal. It might be argued that this emphasis is well founded since children and adolescents are strongly influenced by their genetic makeup, their families, immediate friends, and schools. However, social, economic, and political structures beyond the intra- and interpersonal limit and enable individual behavior (Giddens 1976).

With few exceptions (e.g., Newcomb 1988; Kandel 1984), researchers have not begun to study the impact of larger social structures on drug use. These broad social factors, for example, increasingly involve some young people in the labor force while allocating others to perpetual unemployment or intermittent and peripheral involvement with conventional economic structures. Some youth confront limited educational, vocational, and social opportunities due to institutional racism, geographic isolation, or chaotic community environments. The tendency is to assume that such macrolevel forces are remote and insignificant in their effects. This has yet to be convincingly demonstrated.

At least five theories of the causes of drug use can be identified from the research literature:

1. The *theory of problem behavior* suggests that drug use is interrelated with other problem behaviors with which it shares common antecedents.
2. *Stage theory* proposes that, within normal adolescent populations, drug use tends to follow several stages, each of which is necessary but not sufficient for progression to the next stage.
3. The *multiple risk factor* theory states that drug use is caused by a combination of factors, none of which causes drug use by itself.
4. A number of social scientists have hypothesized that *personality factors* affect use and abuse of drugs.
5. Other researchers have concentrated on *the influences of demographic variables*.

Theory of Problem Behavior

Jessor and Jessor (1977) originally hypothesized that many problems—marijuana use, experimentation with alcohol, problem drinking, sexual activity, and general deviant behavior—could be explained by variations in individual personality systems, perceived environmental structures, socialization patterns, and demographic statuses. Subsequent empirical research has lent considerable support to the Jessors' argument. In general, a low value placed on education or low expectations for academic achievement, a high tolerance of deviance, and a high value on personal independence are associated with teenage drug use. Perceptions of parental and peer modeling of drug use, and adoles-

cents' perceptions that peers or parents approve or tolerate drug use are likewise associated with the use of drugs (Polich et al. 1984).

Several researchers have studied the relationships among adolescent problem behaviors. Poor performance in school (Clayton 1984; Newcomb et al. 1986; Dryfoos 1987), association with delinquent or drug-using peers (Elliott et al. 1985; Newcomb et al. 1986; Dryfoos 1987), lack of conventional bonding (Clayton 1984; Elliott et al. 1985; Hawkins et al. 1985), sexual activity (Dryfoos 1987), and general deviance (Clayton 1984; Newcomb et al. 1986) are factors that commonly precede problem behaviors, including drug use.

Hawkins et al. (1987*b*) observed that "nearly 50 percent of serious juvenile offenders . . . were also multiple illicit drug users" and that the incidence of alcohol, marijuana, and illicit drug use was many times higher among serious offenders than among nondelinquents (p. 81). These authors list among common antecedents of drug use and delinquency: early antisocial behavior, parental and sibling modeling of drug use and delinquency, poor family management, family conflict, low value attached to education, association with negative peers, alienation from dominant social values, community disorganization, and geographic mobility.

Without seeking to minimize the value of these observations regarding delinquency and drug abuse, it is misleading to *overemphasize* the commonality exhibited by the antecedents of other problem behaviors. There is considerable variation in the factors associated with drug use, pregnancy, delinquency, and dropping out of school. For example, low socioeconomic status (SES) is associated with teenage pregnancy, delinquency, and school failure; the relationship between SES and drug use is more ambiguous (Dryfoos 1987; Hawkins et al. 1987*a*; Fraser 1987). Even within the more restricted area of drug involvement, the effects of peer and adult influences vary across drugs (Polich et al. 1984). Peer use is observed to be more important for initiating marijuana use, while parental modeling has more influence on experimentation with alcohol (Polich et al. 1984).

A common etiology for multiple problem behaviors is a seductive concept for those faced with the problems of identifying and preventing drug problems. It promises easy identification and raises the possibility of cost-effective, common intervention strategies with slightly varied, problem-specific contents. Nevertheless, although the causes of each behavior have not yet been clearly mapped, we do know enough to suggest that variation in the causation of each behavior is sufficiently great to warrant caution in designing common strategies for a wide variety of problem behaviors.

Stage Theory

Kandel and her fellow workers (Kandel 1984; Kandel and Yamaguchi 1985) empirically tested their hypothesis that drug involvement typically progresses through a series of stages from experimentation, through regular use, to serious abuse and dependence. For those who progress beyond initial experimentation with tobacco and alcohol (stage one), regular use of alcohol (stage two) comes next, followed by the use of marijuana in conjunction with tobacco and alcohol (stage three), and then the use of prescription or illicit drugs (stage four) (Kandel and Yamaguchi 1985).

The stage theory does not propose an invariant sequence. Most youths who involve themselves at one stage do not progress to subsequent stage(s); however, few youths skip a stage. For example, 23 percent of those who smoke and regularly use alcohol (stage two) progress to stage three, while only 4 percent of nonsmokers move on to stage three (Brennan, Elliott, and Knowles cited in Fraser 1987).

A stage model of drug use for primary prevention would seem to suggest that: (1) avoiding or delaying the initiation of experimentation with alcohol and tobacco could be effective in reducing later and more serious involvement (Kandel 1984; Newcomb and Bentler 1988) and (2) prevention programs targeting different drugs might be most successfully presented at different stages of development (Polich et al. 1984).

Multiple Risk Factors

Critics of stage theory argue that no one path leads to drug use and misuse:

> Drug use includes a variety of substances which are used independently, sequentially, or concurrently with varying degrees of intensity. (Battjes and Jones 1985, p. 270)

Bry, McKeon, and Pandina (1982) suggested that drug abuse is a function of the number of problems experienced by teenagers. They developed a multiple risk factor model that tested the effects of six diverse, etiological variables on drug use. The independent variables were: grades, affiliation with religion, age of first use of alcohol, psychological distress, self-esteem, and perception of parental love. Results showed that the *number of risk factors* was strongly correlated with drug use. The authors concluded that " . . . the number of factors an individual must cope with is more important than what the factors are" (p. 277).

The multiple risk model was recently extended and tested by Newcomb, Maddahian, and Bentler (1986). They tested four risk factors (deviance, sensation seeking, perceived peer drug use, and perceived adult drug use) in addition to those used in the Bry study. The number of risk factors was linearly associated with the use, frequent use, and heavy use of a substance. The effects were observed with a variety of drugs, including cigarettes, alcohol, cannabis, and other illegal drugs. But the amount of explained variation in drug use was low, ranging from 1 percent of subsequent cigarette use to 4 percent of later alcohol use and 7 percent of subsequent illegal drug use (Fraser 1987).

Multiple risk factor analyses imply that drug prevention should seek to reduce youthful experience with risk and modify the factors that already exist in the adolescent's lifestyle (Newcomb et al. 1986). Given the variations in explanatory power across drugs, prevention efforts based on multiple risk factors might be expected to be more effective in targeting the use of illegal drugs than in reducing cigarette smoking.

Personality Factors

Many personality variables have been hypothesized as affecting youthful drug behaviors. The more frequently tested variables include:

- lack of social conformity,
- low achievement motivation,
- independence,
- rebelliousness,
- sensation-seeking tendencies,
- tolerance of deviance, and
- early antisocial tendencies such as aggression or excessive shyness.

Emotional distress, engendered by negative self-image or low self-esteem, depression, social isolation, and alienation have been proposed as possible personality variables associated with or causing drug use.

Recent analyses have concluded that the effects of personality variables on drug use are modest (Newcomb 1988; Polich et al. 1984). Newcomb's recent work showed that, among the psychological variables tested, lack of social conformity correlated most strongly with drug use in young adults.

Hawkins et al. (1987*a*, *b*) reported positive relationships between early antisocial behavior and drug abuse but did not relate either problem to personality factors. From their work, it is unclear whether early antisocial behavior is stimulated by psychological tendencies, biological predispositions, or environmental factors. Given the ambiguity of current knowledge concerning the direct and indirect effects of psychological variables, it seems practical at this time to use more readily observed, behavioral indices as the basis for selecting risk factors.

Demographic Variables

Demographic variables such as age, ethnicity, race, gender, and SES may have independent effects on drug use among adolescents. Any of these factors might be associated with exposure to alcohol and other drugs or to the development of substance use behaviors.

Age

The single demographic variable most reliably associated with problematic drug use is age. The younger the age of onset, the more severe the problem (Battjes and Jones 1985; Murray and Perry 1985). Kandel and Yamaguchi (1985) indicated that the age of initiating alcohol use influences the risk of using marijuana, and a lower age of marijuana initiation increases the probability of involvement with other illicit and prescription drugs. Robins and Przybeck (1985) also observed that adolescents who use marijuana before the age of 15 are at higher risk of drug abuse than those who begin experimentation with marijuana at a later stage.

Research on age effects suggests that delaying the onset of experimentation with any drug may be beneficial in preventing later and more serious drug involvement. Primary prevention of alcohol use should be targeted at children in the later elementary grades.

Gender

Gender alone is not a good predictor of drug use. Differences between male and female drug-related behavior have declined in the last two decades (Gersick et al. 1981). Differences are relatively small and vary by type of drug, level of drug involvement, and age.

For example, males are more likely to be involved with illicit drugs than females and are more likely to be heavy drinkers and heavy users of illicit drugs (Murray and Perry 1985; Kandel and Yamaguchi 1985; Newcomb 1988). The difference between male and female use patterns is minimal for cigarettes. Females use more prescription drugs.

Kandel and Yamaguchi observed gender differences when drug use patterns were examined by age. Illicit drug use rates are similar for males and females until the age of 16. After 16, the patterns diverge and male rates rise steeply. Males and females use prescribed

drugs at similar rates until the age of 20. Thereafter, the male rate continues to increase while the female rate levels off.

The observed differences in male and female drug use patterns are *generally* not sufficiently large or stable to merit gender-specific prevention programs (Polich et al. 1984). Within *specific populations*, however, such as pregnant teenagers, where prevention efforts include the unborn child, prevention of any drug use by the mother is recommended (Kumpfer 1987).

Race and Ethnicity

The evidence for variation across ethnic and racial groups is slim and often confounded by social class and differential exposure to education (Robins and Przybeck 1985; Murray and Perry 1985; Wright and Watts 1988). Although differences are small, white and Native American youth (particularly in urban areas) report highest use rates. Hispanic and Black youth have intermediate use rates, while Asian Americans have the lowest reported rates (Newcomb 1988; Harper 1988; Fraser 1987; Gersick et al. 1981). Use rates also vary among ethnic groups by age and gender.

Effective prevention programs need to be sensitive to cultural, environmental, economic, historic, and demographic distinctions that differentially affect alcohol- and other drug-related behavior within ethnic subcultures. In Black and Hispanic communities, in particular, the disproportionate occurrence of youthful population growth signals the need for a correspondingly disproportionate distribution of programs targeted at preventing adolescent drug problems.

Socioeconomic Status

Socioeconomic status is not strongly associated with drug abuse (Dryfoos 1987; Murray and Perry 1985; Fraser 1987). However, a variable closely related to SES does show a correlation with drug use. High school students planning to attend 4-year colleges are less likely than those without 4-year college expectations to engage in illegal drug use, especially in heavy use (Murray and Perry 1985; Fraser 1987).

It has been assumed that "disorganized" neighborhoods with high concentrations of extreme economic deprivation are vulnerable to high rates of drug abuse (Hawkins et al. 1987*b*). Fraser (1987) suggested that communities characterized by unemployment, overcrowding, and welfare dependency are at high risk for drug abuse and other social problems. More research is needed to test these commonsense hypotheses.

Prevention Strategies

Each of the competing, intertwining theories that permeate the history of American thinking about the origins of alcohol and other drug abuse has produced a preferred orientation to prevention. These efforts to prevent problems can be classified in two ways—by *strategy* and by *target*.

Prevention strategies are traditionally either *noncoercive* or *coercive*. The former most often find expression in education and skills building. Although many noncoercive programs are centered in the schools, a wide variety of community-based activities are included in many effective prevention strategies. Coercive or controlling strategies usually take the form of laws, policies, and other regulatory devices. The target of a prevention strategy is the substance (e.g., alcohol, marijuana), the individual, or the environment.

Noncoercive Strategies

The history of prevention has included a variety of noncoercive strategies. *Education* of the individual, or of society as a whole, has long been favored. The alcohol temperance movement of the last century and drug prevention programs of the last two decades have provided *alternatives* to alcohol or other drug use and abuse in the form of self-improvement programs (e.g., literacy programs) and drug-free recreation alternatives (e.g., temperance poolhalls, sports, outward-bound programs). The prevention of social problems, including alcohol or other drug abuse, has also frequently involved *community action* to change the social or physical environment that supports the undesirable behavior.

School-Based Drug Education

Schools can serve many important functions in an overall prevention strategy.

- Schools are ideally located and equipped to provide many of the cognitive, affective, and skill components that are considered essential for effective prevention.
- Schools are a fulcrum between homes and the wider community, through which communication and influence can pass in both directions.
- Schools are microcommunities within which a wide variety of educational, environmental, and policy strategies can be implemented with respect to drugs and other health issues.

Content and process of drug education. Recent school-based education programs have attempted to influence drug use and/or abuse at two levels—personal and social competence. Personal competence has included the following:

- Information regarding drugs—all programs include this to some degree.
- Decisionmaking and problem-solving skills (Botvin et al. 1984; DiCicco 1978; DiCicco et al. 1984; Hopkins et al. 1988; Mauss et al. 1988; Moskowitz et al. 1983, 1984*a*, *b*, *c*; Pipher and Rivers 1982; Schaps et al. 1982, 1986; Schlegel et al. 1984; Wills 1985)
- Cognitive coping (Wills 1985)
- Coping with anxiety/stress (Botvin et al. 1984; Wills 1985)
- Values clarification (Goodstadt and Sheppard 1983; Schlegel et al. 1984)
- Normative education (Hansen et al. 1988; Hansen, Malotte, and Fielding 1988).

Social competence approaches have focused on a variety of life skills including social assertiveness either at the general level (Botvin et al. 1984; Eiser and Eiser 1987; Horan and Williams 1982; Pentz 1985) or at the specific level of drug use, enhancing what have been referred to as "refusal skills" (Botvin et al. 1984; Dielman et al. 1986, 1987; Duryea et al. 1984; Hansen et al. 1988; Horan and Williams 1982; McAlister et al. 1980; McAlister 1983; Pentz 1985; Rohrbach et al. 1987). Many of the programs that attempt to enhance social competencies do so with the assistance of peer leaders (e.g., DiCicco 1978; University of Pittsburgh 1980; Hansen, Malotte, and Fielding 1988; Perry et al. 1989). Roles played by peer leaders have included counselor, role model, and group discussion leader.

Recent educational (not necessarily school-based) strategies have been broadened to include enhancement of parenting skills among parents in general (Hawkins et al. 1987*a*) and among parents of high-risk children (e.g., the children of substance abusers) (DeMarsh and Kumpfer 1986). Hawkins et al. also attempted to improve teachers' classroom management skills (Hawkins and Lam 1987; Hawkins et al. 1988).

Effectiveness of school-based drug education. Previous reviewers of the drug education research have consistently drawn pessimistic conclusions about its effectiveness.[1]

Recent reviewers found some promise in life skills strategies (Tobler 1986; Rundall and Bruvold 1988), but caution is required lest we overgeneralize from the smoking prevention research, which is the model for the recent generation of drug programs (e.g., Flay 1985; Rundall and Bruvold 1988; Hansen, Malotte, and Fielding 1988). In addition, life skills program strategies have been evaluated primarily with white, middle-class populations and need to be tested with a broader spectrum of socioeconomic and minority groups (Botvin 1983). Some evidence suggests that these approaches are effective with Native Americans (Gilchrist et al. 1987).

Special mention should be made of student assistance programs, which are designed to identify and intervene with students who have already developed, or who are at risk of developing, drug problems (e.g., Anderson 1987; Griffin and Svendsen 1986; U.S. DHHS 1984). In spite of their wide acceptance in the Nation's schools, no experimental or acceptable quasi-experimental evaluations of such programs could be found.

In the absence of better research data, we can neither conclude with confidence that drug education is effective, nor state that it is ineffective (Goodstadt 1986). Evaluations of drug education programs teach us a single, salutary lesson, namely, we must expect inconsistencies in their impact. These inconsistencies can take three forms:

1. Program effects vary among subgroups of students: impact may differ as a function of participants' gender, age, experience with drugs, and school.
2. Program impact is inconsistent across outcome measures: knowledge is readily influenced, while attitude and behavior change are more intractable. Of greater significance, changes in one domain are not accompanied by changes in other domains. This cautions against assuming that improvements in knowledge will have an impact on drug attitudes or use, or that improvements in attitudes will produce improvements in behavior.

[1] For reviews of drug education in general, see Berberian et al. 1976; Braucht et al. 1973; Bry 1978; Goodstadt 1974, 1978, 1980; Hanson 1982; Klitzner 1987; Randall and Wong 1976; Schaps et al. 1981. For reviews of alcohol education, see Braucht and Braucht 1984; Bruvold and Rundall 1988; Cooper and Sobell 1979; Freeman and Scott 1966; Goodstadt 1986; Hewitt 1982; Kinder et al. 1980; Moskowitz 1989; Rundall and Bruvold 1988; Staulcup et al. 1979; Wittman 1982.

3. Individual programs have produced both positive and negative outcomes (e.g., DiCicco et al. 1984; Gliksman 1981; Goodstadt et al. 1982; Goodstadt and Sheppard 1983; Hopkins et al. 1988; Moskowitz et al. 1984*b*; Schlegel et al. 1984; Stein et al. 1984; Williams et al. 1968; Wills 1985). Programs have exhibited negative (undesirable) effects in one domain, such as attitudes, while having a positive impact on drug use or expectations about future drug use. Inconsistent effects have also been found among subgroups within studies—negative effects may be found within one group, while positive impact occurs within other groups.

Reasons for ineffectiveness. Research evidence suggests that traditional educational approaches will not, by themselves, be effective in preventing or reducing alcohol and other drug problems. A moment's reflection will show why this is so.

First, the general population is composed of a variety of subgroups—some have decided not to use drugs, others expect to use them in the future, others no longer use drugs, while other groups use them with varying degrees of frequency and problems.

Second, behavior is the product of feelings, judgments, and social and physical environments, in addition to knowledge. For this reason, current smoking, alcohol, and other drug education programs are attempting to provide participants with the skills to cope with personal and social influences.

Third, most drug use and abuse occur in physical and psychological settings far removed from formal educational settings. Drug education needs to bridge this gap. Not only is the setting different, but the forces to drink and use other drugs are different and stronger beyond the school walls. These forces include the influence of peer and parental drug use, social support for drug use and abuse, and even the economic structure associated with the manufacture, promotion, and distribution of both legal and illegal drugs. Education is rarely able to change such forces. People need to develop a repertoire of communication and other social skills (e.g., Botvin et al. 1984) to help them cope with this environment. Moreover, the school and wider society need to be involved in prevention efforts that would change these negative structural forces (see, e.g., Wallack 1985).

Fourth, traditional education is a weak force, usually directed at the individual, in contrast to the powerful forces—legal and illegal, formal and informal—working to promote alcohol or other drug use. With respect to alcohol, for example, they include: (1) the beverage alcohol industry's vested interest in purchase of its products; (2) the conflicting interests of governmental and quasi-governmental agencies that have some responsibility for the manufacture, promotion, distribution, and sale of alcohol, in addition to the prevention of alcohol problems; and (3) social norms and customs that encourage the use and sometimes the abuse of alcohol from womb to tomb.

Criteria for effective school-based drug education. Review of past research suggests several criteria for effective school-based drug education:

1. Programs should either target subpopulations that reflect a uniform level of risk or should incorporate elements and processes that acknowledge the different needs of these subgroups within the general population.

2. Educational objectives, content, and processes should give attention to the major determinants of human behavior, namely:

   a. The personal determinants of behavior, including:

      - Cognitive factors—knowledge, awareness, beliefs, perceptions, expectations, and so forth
      - Affective factors—attitudes, values, evaluations, self-esteem, aspirations, and so forth
      - Skill factors—decisionmaking skills, communication skills, intergender skills, assertiveness skills, and so forth
      - Behavioral factors—behavioral intentions, behavioral expectations, behaviors, and so forth

   b. The social determinants of behavior, including:

      - Social norms and behaviors—peers, friends, school, family, community, society
      - Social rewards and punishments
      - Social (and physical) environments

3. Educational programs should be implemented with adequate intensity of time and effort, with adequate staff training, and with adequate administrative and community support.

4. School-based programs should be integrated into the programs, policies, and activities of the larger community.

Mass Media and the Prevention of Drug Abuse

Impact of mass media campaigns. In spite of extensive use of the mass media in public education campaigns about alcohol and other drug abuse, the effectiveness of these measures has not been well tested and, as with school-based alcohol education, existing evidence does not encourage optimism. Hewitt and Blane (1984) reviewed 15 alcohol-related mass media campaigns that included at least a postcampaign assessment of outcome. Research demonstrated, once again, that knowledge is most easily influenced, with little or no impact on attitudes or behaviors. Nonetheless, some reviewers maintain faith in the effectiveness of mass media campaigns if programs are adequately planned, executed, and evaluated (Flay and Sobel 1983; Flay 1987; Hewitt and Blane 1984; Hochheimer 1981; Wallack 1986).

Impact of alcohol advertising. A hotly debated question concerns the influence of alcohol advertising (see Atkin 1988 and Smart 1988 for reviews). All studies to date fall into two classes: (1) controlled experiments that simulate aspects of advertising (usually mere exposure to advertisements) and strive for experimental control in laboratory settings—this research sacrifices the realism of the natural setting and the intensity of repeated exposures reinforced by other media; and (2) data obtained from the "real world" using, for example, econometric data regarding alcohol consumption and advertising expenditures, or surveys of reported exposure to alcohol advertising—this research lacks the experimental controls that would allow confident cause-effect conclusions regarding the effects of advertising on consumption.

These studies have demonstrated little or no impact of advertising under artificial laboratory conditions. Econometric studies have concluded that advertising expenditures account for very little of the variance in alcohol consumption, when considered in conjunction with other economic variables (e.g., beverage price) and sociodemographic factors.

Exposure to alcohol and other drug use in the media. A growing body of research concerns the rates of exposure to alcohol and other drug use in the media, especially in television programs (in contrast to commercials) (Breed et al. 1984; Cafiso et al. 1982; DeFoe and Breed 1980; Futch et al. 1984; Greenberg 1981; Lowery 1980, 1981; Macdonald and Estep, mimeo; Wallack et al. 1987). Studies of other media portrayals have included magazines (Minkler et al. 1987), films (Room 1988, 1989), studio greeting cards (Finn 1980), popular music (Beckely and Chalfant 1979; Robinson et al. 1976), comic strips (Lambert and Israelstam 1986), and comic books (Breed and DeFoe 1981).

Although estimates of exposure to drinking events in television programs vary among studies, they all indicate high levels. Wallack et al. (1987), for example, found that 122 hours of prime-time television in 1984 contained an average of 11 drinking acts per hour. Exposure varies with program type, being highest in theatrical movies (18 drinking acts per hour) and lowest in situation comedies. Alcohol is the most popular beverage, and wine the most popular alcoholic beverage. Alcohol is more likely to be drunk by leading characters and by males. Although negative consequences of alcohol are rarely shown, recent television programming shows little heavy drinking, drinking to intoxication, or drinking by youth.[2]

The portrayal of other forms of drug use has received less attention than tobacco and alcohol. A study of the 1983-85 television seasons (Macdonald and Estep) indicated that illegal drug use occurred more rarely than alcohol and was uniformly depicted in a negative light. Content analyses of magazines and newspapers revealed differential attention given to some drugs at the expense of others (Craig 1981) and differential advertising of over-the-counter drugs to women in contrast to men (Vener and Krupka 1986).

Research on the role of television in promoting alcohol and other drug use has been limited to the impact of advertising; researchers have not examined the effect of the more pervasive and subtle exposure to the use of alcohol and other drugs embedded in television programming. This issue harks back to the debate concerning the role of television in promoting violence, prejudice, and unhealthy eating habits. An extensive literature now demonstrates the effects of television on a multitude of antisocial and prosocial activities (Hearold 1986).

In the absence of research data, it is reasonable to accept the conservative proposition that the frequency of exposure to alcohol use, combined with the positive context in which it is shown, cannot help to reduce use

[2] This improvement was brought about, at least in part, by the collaborative efforts of the television industry and prevention researchers (see Wallack et al. 1987).

or abuse. A more radical proposal suggests that the quantity and nature of alcohol portrayal in various forms of advertising, promotion, and television programming reinforces norms that accept the use, and even abuse, of alcohol, tobacco, and medications in an unlimited variety of situations. This approach is the basis of recent advocacy positions taken against advertising and other promotional activities within communities.[3]

Alternatives

Alternatives to alcohol and other drug use have had a long history in prevention efforts. Cohen (1973) is often credited with recent interest in the power of alternatives to prevent drug abuse. Their popularity reached such a peak in the early 1970s that a call was made for a moratorium on the proliferation of unevaluated alternatives programs. The situation does not appear to have improved. Few evaluations have been reported in the literature. Schaps et al. (1981), in an extensive review of the research literature, identified 12 alternatives programs. Only two alternatives programs were considered "exemplary evaluation efforts" by Schaps.

Tobler (1986), in her review of 143 adolescent drug prevention programs, identified two categories of alternatives programs:

1. "Provision of positive *activities* [emphasis added] more appealing than drug use" (e.g., "community activities: youth centers, jobs, volunteerism, entertainment")

2. Alternatives aimed at enhancement of competence to overcome "individual deficits in basic life skills, low self-worth, [and] limited experiences [that] places them at 'risk'" (e.g., individualization of activities to produce personal competence such as: basic reading skills, job skills, and physical adventure. Increase individual's sense of control over his environment") (p. 540).

Tobler found only 11 alternatives programs that had adequate outcome data. On the basis of these few studies, "many of [which] did not directly test self-reported drug use" (p. 559), Tobler concluded that "alternatives programs were shown to be highly successful for the 'at risk' adolescent such as drug abusers, juvenile delinquents, or students having school problems" (p. 537-8).

Coercive Strategies

The second prong of prevention involves coercive action in the form of legislation, policies, and other regulations related to drug use and abuse. Policies and their accompanying regulations have direct and indirect functions.

The first and most obvious function of regulations is to directly influence drug use and abuse. The history of alcohol and other drugs in the United States (and in most other countries) can be characterized as an ongoing experiment to find an effective and acceptable means of accomplishing this goal. Every conceivable aspect of alcohol and other drug use has been controlled through legislation and regulation. Societal concern for the risks of drug use by some segments of the population (e.g., adolescents), and in some situations (e.g., driving automobiles), is expected to continue the pressure for some restrictions on the manufacture, purchase, sale, possession, and use of alcohol and other drugs. The question is, "Which of these restrictions will be effective and acceptable?"

The indirect purpose of laws and policies is to make an explicit statement about the society's attitudes and values regarding drugs and to support other preventive efforts, such as education. Unfortunately, these laws and policies reflect the ambivalence of American society toward drugs. As a result, we try to prevent drug problems in an environment where policies are sometimes antithetical to the goals of prevention and are not initiated, developed, or promulgated to present a coherent attitude toward drugs. This ambivalence could be handled by the development of a coherent set of policies that present a consistent orientation toward alcohol or other drug use.

Coercive Policies and Public Health

Policies, which may include more narrowly defined laws and regulations, have received increasing attention from the public health community. Milio (1986), for example, argued that:

> people's health is primarily the result of the environments in which they live and the patterns of behavior they follow. Those patterns are shaped by the environments, and the environments are shaped by public policy. Finally, public policy is shaped by the information that is available to the

[3] Sussman et al. (1987) demonstrated an important enhancement effect of a concurrent school-based drug education program on the viewing and effectiveness of antidrug TV shows, especially when children's viewing occurred in conjunction with parental viewing.

policymakers as well as by the material interests of those who are organized to assert their claims. (p. 6)

Similarly, McLeroy, Bibeau, Steckler, and Glanz (1988), in discussing an ecological perspective on health promotion, commented that:

> One of the defining characteristics of public health—apart from its emphasis on the health of populations rather than the health of individuals—is the use of regulatory policies, procedures and laws to protect the health of the community. (p. 365)

Effectiveness of Legal Deterrence

A general body of deterrence literature has direct relevance to legal-policy strategies to control drug use (e.g., Goodstadt 1983). This body of thought and experience can be summarized as follows:

- Perceived certainty of detection and punishment is probably a more potent factor than perceived severity or swiftness of punishment.
- Deterrent measures do not equally influence all potential actors; it is unclear whether the threat of punishment is effective only for those who are responsive to social norms, or whether it is also effective in providing an additional incentive to those who are otherwise unresponsive to social norms.
- Social factors are more powerful than the psychological factors of perceived certainty and severity of punishment in influencing proscribed or prescribed behaviors; these social factors include the influence of perceived normative support for the behaviors and the perceived *social* consequences of detection and punishment.
- The effectiveness of legislated threats is also a function of:
  - The intrinsic morality of the act (e.g., murder versus parking offenses) as judged by the individual;
  - The instrumentality/expressiveness/functionality of the prohibited behavior to the perpetrator—that is, the reinforcing properties of the prohibited behavior;
  - The existence of alternative behaviors that would achieve the same objectives or reinforcements for the individual;
  - The deviant orientation of the individual.

Legal Deterrence and Drug Use

Evidence for the effectiveness of legislation in preventing drug use and abuse is neither encouraging nor consistent:

- Many laws and regulations are aimed at limiting the availability, use, and abuse of alcohol, tobacco, medications, and illicit drugs—including manufacture, promotion, physical and economic accessibility, and distribution of alcohol and other drugs.
- All regulations and policies that have either direct or indirect impact on drug use also have health, economic, and other implications for the user, for those in the user's immediate social environment, and for society as a whole. The individual and collective impact of such policies and regulations are often difficult to assess.
- Liberalization of alcohol laws increases physical, economic, and social availability of the drug, which, in turn, increases alcohol use and abuse; conversely, laws and regulations play a significant role in controlling average level of alcohol use and abuse in a population (e.g., Bruun et al. 1975; Beauchamp 1980; Moore and Gerstein 1981; Grant 1985).
- However, the law's effectiveness in controlling individuals' drug use is limited. Drinking-driving legislation, for example, is only effective when the perceived likelihood of detection and the perceived severity of the punishment are high (e.g., Ross 1982; Nichols and Ross 1988). The potential effectiveness of supply reduction of illicit drugs has been challenged (e.g., Polich et al. 1984). Antimarijuana legislation, in particular, appears to be an ineffective deterrent as judged by disparate research evidence including surveys of students (e.g., Goodstadt et al. 1986), detailed studies of the deterrent effects of marijuana laws (e.g., Tittle 1980), and examinations of the impact of decriminalizing marijuana possession in some States (e.g., Single 1981).

The failure of deterrence theory to predict or explain the occurrence of prohibited behavior has led theorists and researchers to look at socially oriented frameworks such as social learning models of delinquent behavior and drug use (e.g., Akers et al. 1979; Akers 1985; Simons et al. 1988; Johnson in press), differential association (e.g., Sutherland and Cressey 1978; Akers 1985; White et al. 1986), and social control

theory (e.g., Hirschi 1969; Meier 1982). Social control theory postulates that the strength of the social controls is the important factor in the origin of delinquency, including drug use (e.g., Thompson et al. 1982; Dull 1984; Krohn and Massey 1979; LaGrange and White 1985). These controls are a function of the expectations regarding the personal and social (i.e., internal and external) rewards that are associated with behaviors. Such expectations are, in turn, acquired through the socialization process. Of special importance in socialization are:

- attachment to conventional groups including the family and school;
- commitment to conventional behaviors;
- involvement in conventional activities; and
- belief in the legitimacy of the social/moral order.

Delinquency and drug abuse prevention programs based upon social control theory (e.g., Hawkins et al. 1985) emphasize the importance of bonding to conventional social groups, including family and school. Without entering into a detailed discussion of the origins of delinquency, including the "strain" between aspiration and opportunity (e.g., Merton 1957; Cloward and Ohlin 1960; Elliott and Voss 1974; Simon and Gagnon 1976; Elliott et al. 1985), it is apparent that the strength of both internal and external controls are important in fashioning behavior. Internal controls can fail to develop during the child's formative years or they can be weakened in later years by the disruption, disorganization, or disintegration of salient social groups, such as the family, the school, or the community.

As society's experience with drugs changes, so does its concerns and solutions—hence the constantly changing variety of drug policies and other prevention strategies.

Health Promotion

Society's understanding of its problems is undergoing a significant evolution; formerly unrelated problems are now considered as interrelated. Public health policies, services, and education are now giving attention to enhancing health (Anderson 1984; Perry and Jessor 1985) rather than being content to prevent health problems and maintain health status quo. This concept of *health promotion* has been endorsed by the general public and health professionals and has been specifically applied to the prevention of alcohol problems (Rootman 1985). Conceptual analysis (Goodstadt et al. 1987) supports the following propositions:

- Health promotion encompasses but extends beyond the concept of prevention.
- Health promotion adds the concepts of *enhancement* of health and *progression toward optimal health*.
- Health promotion emphasizes total health including physical, mental, social, and, in some conceptualizations, spiritual health.

The incorporation of health promotion into public health policy (e.g., WHO 1986) has also included an emphasis on the following:

- The social environment has a role in enhancing or hindering the achievement of health.
- The "empowerment" of individuals and communities is important in promoting their health.

Lifestyle

Much of the shift in thinking about prevention and health promotion is captured by the concept of lifestyle, defined as:

> patterns of [behavioral] choices made from the alternatives that are available to people according to their socioeconomic circumstances and to the ease with which they are able to choose certain ones over others. (Milio 1981)

After citing this definition, the WHO Regional Committee for Europe (WHO 1983) indicated that:

> This definition links the consciousness and behavior patterns of individuals and social groups to identifiable structural patterns within a given society, and this provides a basis for health policy decisions, health promotion and health education. (p. 3)

According to this perspective, drug use and abuse exist within the totality of other health-enhancing or -damaging behaviors and have both personal and extrapersonal origins. Such a perspective is compatible with research findings concerning the multiple origins of drug abuse and the interrelatedness of problem behaviors.

Community-Based Health Promotion

It has long been recognized that the physical environment plays a major role in public health. More attention is now being given to the role of the social environment as expressed through community-based norms, policies, and programs. The importance of

recognizing the community's *active* contribution in health matters, and providing the means for it to take a more active role (through empowerment of individuals and communities), is embodied in recent national and international policies including those of the United States (U.S. DHEW 1979; U.S. DHHS 1980, 1986), Canada (Epp 1987), and the World Health Organization (1986).

McLeroy et al. (1988) elaborated an ecological model of health that includes the following determinants of healthy behavior:

1. Intrapersonal factors
2. Interpersonal factors and primary groups
3. Institutional factors
4. Community factors
5. Public policy

These five sets of factors provide the domains from which health promotion (and prevention) strategies can and should be developed. Of special significance is the renewed emphasis on both the individual *and* the environment(s).

The importance of changing the social (and physical) environment has been stressed in major reviews of the effectiveness of prevention strategies. Kessler and Albee (1975), for example, stated:

> Primary prevention in many areas may require social and political changes to improve the "quality of life." . . . The whole structure of our polluted, industrialized, overpopulated, overenergized, overcrowded sexist and racist society breeds such massive human injustice and distress that the only hope for prevention is for major social reorganization. To prevent mental and emotional disorders, it is argued, we must abolish such injustices as unemployment, bad housing, social discrimination, personal insecurity, and poverty. As a consequence of the threat all of this holds to the status quo, the establishment does little to encourage or support efforts at primary prevention in the social sphere because it believes, with some justification, that it would be funding programs aimed at a major redistribution of its power. (p. 576)

Acknowledgment of the social environment has stimulated large-scale community-based health promotion studies (Green et al. 1984; Farquhar et al. 1985) and has led to detailed elaboration of the roles of environmental-community factors in the development and implementation of health promotion programs (e.g., McLeroy et al. 1988).

The value of integrating the school with the wider community is also receiving greater recognition (e.g., Killip et al. 1987). The concept of "exemplary schools" and research into the impact of the school structure and environment (e.g., Good and Weinstein 1986) are providing impetus for the importance of the school environment, independent of the socioeconomic status of the surrounding community.

Community Responsibility and Empowerment

The latest development in thinking about health is a greater appreciation of the responsibility of the individual and the community in seeking solutions for health problems. Associated with this responsibility is an appreciation for the importance of personal and community "empowerment" in addressing health and social problems (e.g., WHO 1986). It is no longer considered sufficient to have others, whether they be governments or health professionals, control decisions concerning matters that affect the health of the individual and community. Change is most effective when it is accepted, if not initiated, by the target of change (i.e., by the individual or community).

Wallerstein and Bernstein (1988) defined empowerment as:

> a social action process that promotes participation of people, organizations, and communities in gaining control over their lives in their community and larger society. With this perspective, empowerment is not characterized as achieving power to dominate others, but rather power to act with others to effect change. (p. 380)

Implications of a Health Promotion Perspective

The health promotion perspective has implications for the development of effective strategies for preventing alcohol and other drug use and abuse:

1. Greater acknowledgement would be given to the fact that drug problems may result from:
   a. What the user/drinker does *and*
   b. The properties of the drugs *and*
   c. The impact of the social and physical environment on drug use/abuse.

   This appreciation for the diverse etiology of problems should increase the range, ap-

propriateness, and effectiveness of prevention measures—problems with complex etiologies usually require diverse or complex solutions.

2. Addressing the three elements would reduce scapegoating of any single factor. It would no longer be appropriate to "blame the victim" by attributing the abuse exclusively to the abuser's personal deficiency; nor would it be sufficient to condemn drugs as the cause of problems, or strive for prohibition as the sole solution for abuse; nor would individuals and communities be tolerant of environmental conditions or social practices that contribute to drug abuse.

3. A consistent set of prevention goals and objectives is more likely to be identified, and these would be collectively oriented toward the prevention of problems and the promotion of health.

4. It would be possible to develop a rationally cohesive set of government policies, laws, and regulations, especially as these impact on the health of the individual and the community.

5. The two prongs of prevention, noncoercive and coercive strategies, are more likely to be mutually reinforcing and thereby more effective than either prevention strategy alone.

Conclusion

There is no single, good, drug use prevention or intervention program. No "magic bullet" is uniformly effective in preventing drug abuse. Nevertheless, we can conclude from a comprehensive review of the literature that effective prevention programs are more likely to be those that:

- include some degree of targeting appropriate groups,
- are intensive, as measured by the degree of effort and involvement of participants, and
- are extensive in addressing a sufficiently wide range of risk factors and behaviors associated with drug abuse.

Defining "good" programs is, however, complicated by the variety of "players" involved in the prevention effort, each of whom has different needs, wants, and hence, payoffs with respect to programs and services. Identifying effective programs depends on the objectives and, hence, the criteria of success as determined by the following:

- The at-risk youth
- The youth's family
- The agency responsible for the program or service
- The local community
- OSAP
- Government, at all levels
- The research community

Even when these players agree on the desired program outcomes (e.g., reduced incidence of substance abuse), it is likely that they will differ in their interpretation of objectives and in the criteria by which the program will be assessed. For example, the individual high-risk youth might want to reduce the problems caused in their personal lives by their drug use, without necessarily wanting to eliminate all drug use. In contrast, adults (e.g., parents) are more likely to evaluate the effectiveness of the program in terms of their child's abstinence from drug use. An agency is likely to also be concerned with its own survival, seeking continued financial support that will permit its continued operation. The community is likely to use community disruption (e.g., vandalism and crime) as the criteria for effectiveness. Governments might be more interested in public perceptions of the program as being a worthwhile government initiative, while specific agencies might be most concerned with fulfilling their legislated mandates. Finally, the research community is more likely to assess programs on the basis of their contribution to the body of knowledge regarding effective prevention.

Given such a diversity of needs, motivations, and criteria for effectiveness, "good" programs should attempt to be politically and practically enlightened by being cognizant of all these perspectives in their development, implementation, and evaluations.

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Overview of the Grant Program

The 130 OSAP demonstration projects address different points on the spectrum of risk factors associated with youth. Grantees have chosen a wide range of culturally appropriate strategies to meet the needs of their specific target groups. Most programs use several strategies in combination to prevent or reduce alcohol and other drug use. The grants target multiple systems—youth, family, schools, community organizations, and the media—to address the multiple problems of troubled youth.

High-Risk Target Groups

These demonstrations serve a number of categories of young people whose situations place them at high risk of drinking and/or taking other drugs. The following high-risk youth are targeted by the projects:

- Children of alcoholic or other drug-abusing parents
- Children subjected to abuse and neglect
- Single teenage mothers and their children
- School dropouts or those at risk of dropping out
- Unemployed youth or those in danger of being unemployed
- Latchkey children
- Homeless or runaway youth
- Youth who are suicidal or physically or mentally disabled
- Children and youth who are economically disadvantaged
- Youth who use gateway drugs
- Youth engaged in violent or delinquent acts

The number of grants targeted at specific high-risk groups is shown in figure 3. As the summaries indicate, most grants target youth in several of the high-risk categories shown in figure 1 rather than those in only a single category. Many categories are interrelated. For example, some grantees provide services to very young children and their parents so that the family environment will promote healthy development in the children. In these projects, children may learn how to cope effectively with stressful situations, to behave appropriately in social situations, and to like themselves.

Project Profiles

Race/ethnicity of the target populations. Figure 4 indicates the various populations targeted by the 130 demonstration grant projects. More than half the projects focused on groups with minority status, which can add to the risks associated with socioeconomic deprivation. The difficulties faced by the high-risk minority children and families targeted in OSAP's demonstration grant program are related to their cultural marginality and low social status in the United States.

Geographic distribution of the target populations. Although the majority of high-risk children and adolescents live in large urban areas, some of them, particularly Native Americans and Hispanic migrant workers' families, live in rural areas. Most demonstration projects thus target urban areas; fewer target rural or mixed urban and rural areas, as shown in figure 5.

Age and sex of the target populations. The ages of the demonstration grant target populations range from birth to over 21, as indicated in figure 6. Most grants target adolescents aged 12 to 15. A second grouping serves elementary school children aged 6 to 11. A similar number target later adolescents aged 16 to 18. About half as many serve very young children from birth to age 5 and youth aged 18 to 20. The smallest number of grants is targeted at adults, primarily parents or entire communities.

Many grantees provide programs for both young children and adolescents. These programs use different age-appropriate approaches to address the specific risk factors related to alcohol and other drug use among these two age groups.

The parents of young children, preadolescents, and/or adolescents receive special services from 50 grantees. Some of these programs are aimed at families where the parents are substance abusers or in

Figure 3. High-risk groups targeted by grantees

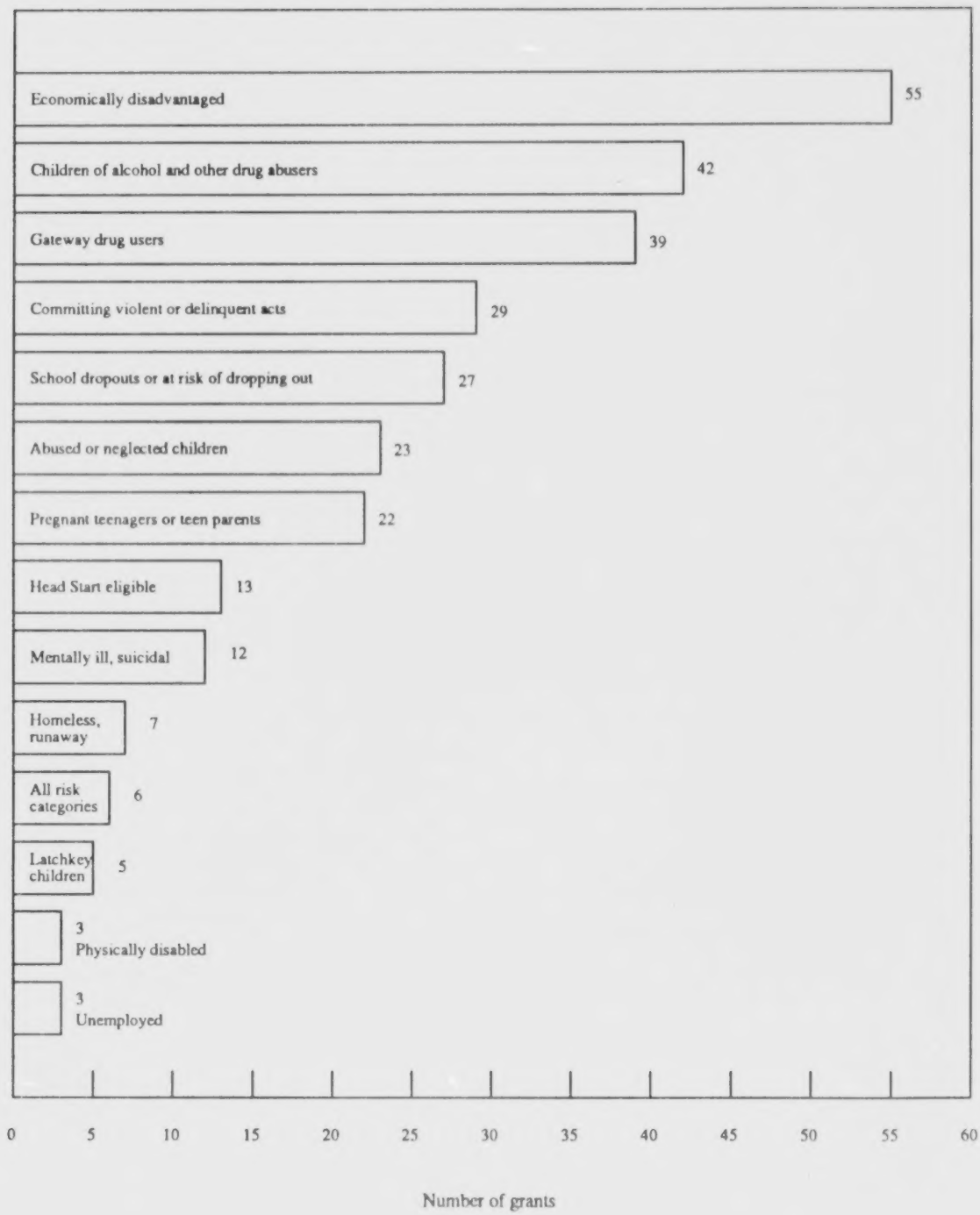


Figure 4. Target populations by race/ethnicity

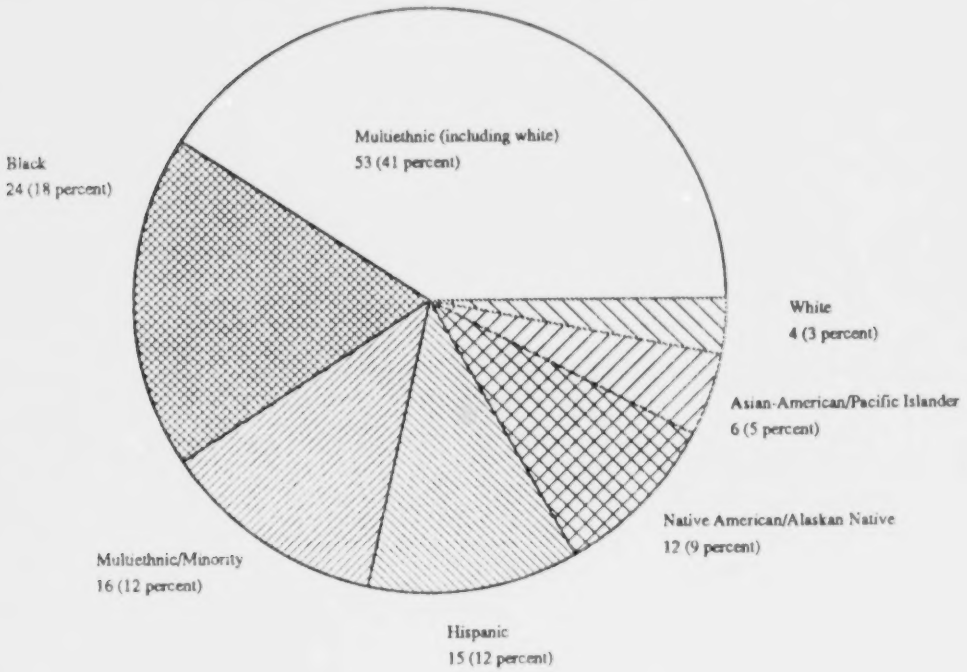


Figure 5. Geographic distribution of target populations

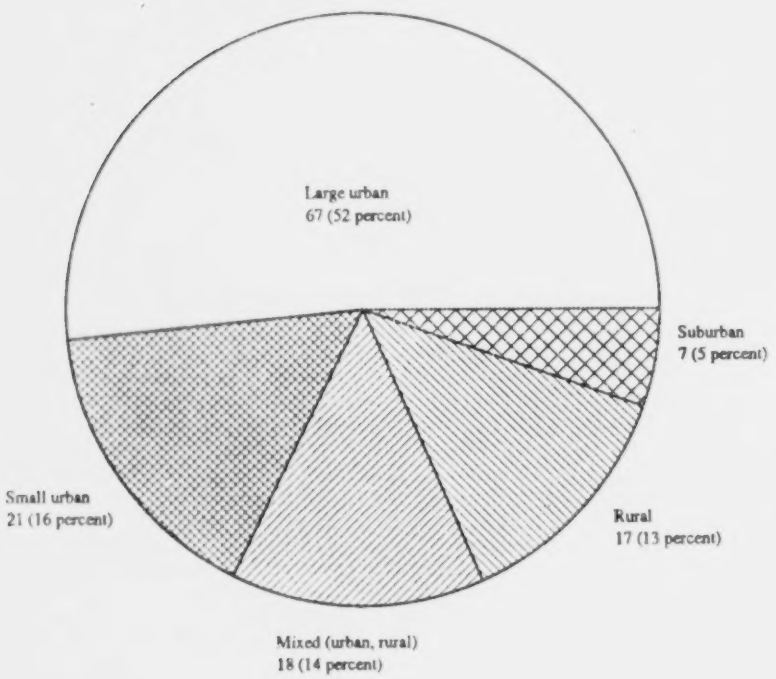
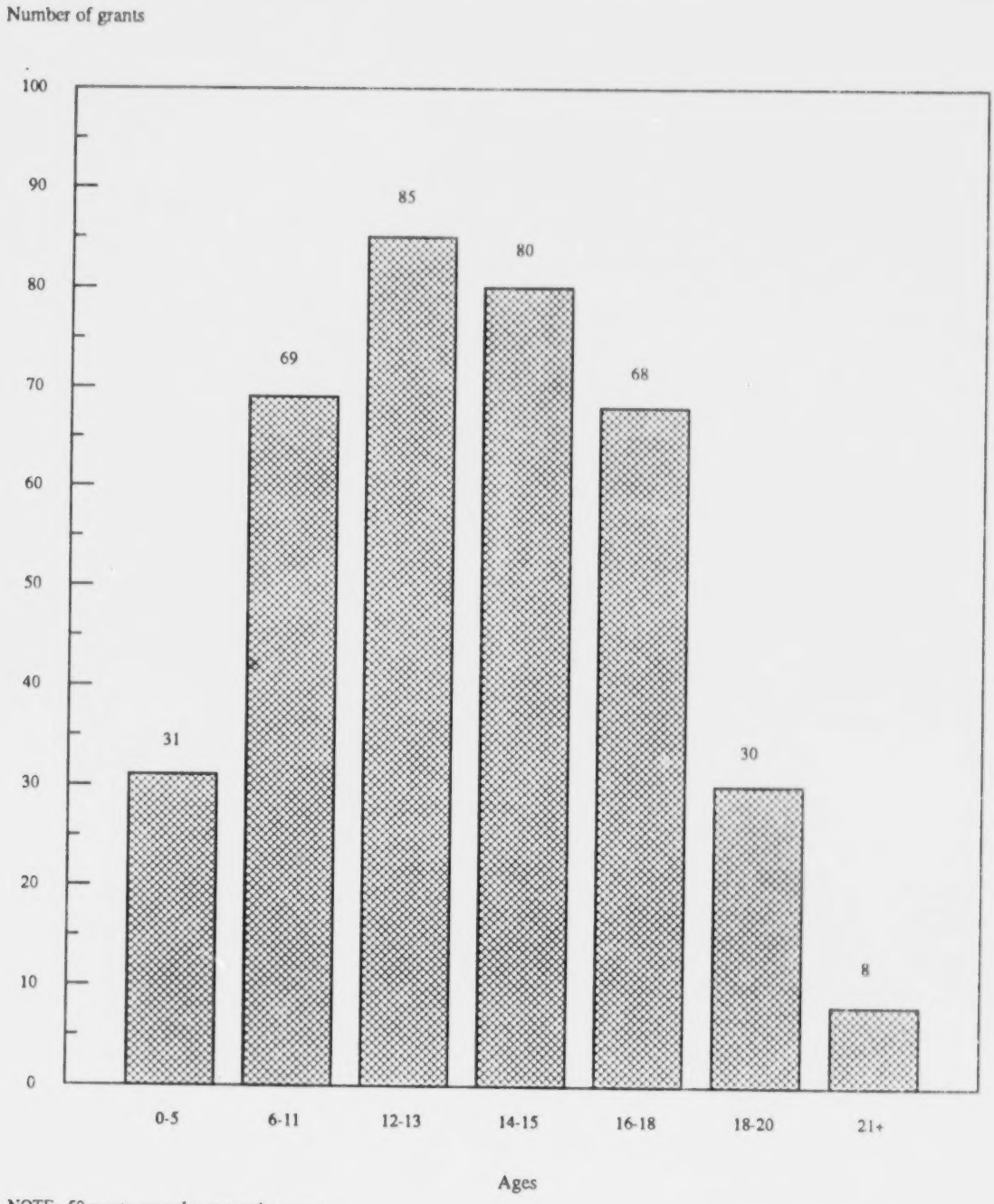


Figure 6. Ages of the target population



NOTE: 50 grants were also targeted at parents.

are in treatment for alcoholism and other drug dependence. These programs recognize the important role parents can play in improving the life chances of their children and in helping them stay free of alcohol and other drugs.

Most demonstration grants (123 of 130 grants) provide services for both boys and girls. Although some risk factors vary, children and youth of both sexes are vulnerable to the adverse consequences of poverty and other risk conditions. Four grants serve boys exclusively. Three grants provide special services for girls, particularly pregnant and parenting teenagers.

Types of Demonstration Projects

The OSAP projects are at the forefront in trying out new approaches for drug use prevention. As an example, several programs are experimenting with in-home family therapy and training programs for substance-abusing families (The House Next Door, Deland, Florida; the University of Washington Medical Center Social Work Department).

A few projects are replicating models already proven successful with high-risk children or families and adapting them to other high-risk groups. One example is Kumpfer and DeMarsh's "Strengthening Families Program," previously tested with Chicanos, Native Americans, and Caucasians. This curriculum model, modified for 6- to 10-year-old Black youngsters and their substance-abusing parents, is being tested at the Cahaba Center for Mental Health, Selma, Alabama. Another replication involves Ellen Morehouse's Student Assistance Program (SAP) model (Ardsley, New York), an effective school-based program that provides comprehensive prevention and support services to teenagers with alcohol and other drug problems related to their own and/or their parents' use. This student assistance model is now being extended experimentally to very high-risk youth in residential mental health, juvenile justice, and foster care settings.

The 130 demonstration grant projects fall into three major categories:

- 37 comprehensive
- 54 targeted prevention
- 39 early intervention

Comprehensive Programs

Comprehensive programs generally offer alcohol/other drug use prevention, intervention, and treatment. These services are sometimes provided by consortia of community service agencies under the auspices of a State or city health department or community agency that provides staff training, technical assistance, and help in reaching target communities.

Coordinating and improving community alcohol and other drug services. One example of this type of project is the Asian American Recovery Services' Asian Youth Substance Abuse Project (AYSAP), a consortium of five San Francisco community agencies providing alcohol and other drug education, counseling, treatment, referral, and outreach services to Asian Americans. The lead agency, AYSAP Central, coordinates the activities and services of each agency and gives advice, technical assistance, and staff training in alcohol/other drug use prevention, intervention, and treatment. Like other comprehensive project grantees, AYSAP Central works closely with schools, the juvenile justice system, and other community service agencies to increase access to services and improve their quality.

Coordinating community efforts—schools, service agencies, and parents. Some comprehensive programs work closely with local schools, as well as with other community service agencies, or are school based. The staff of La Nueva Vida, in Santa Fe, New Mexico, has formed cooperative working relationships among community groups, service agencies, and schools to provide a comprehensive delivery system of alcohol/other drug use prevention, intervention, and treatment for Hispanic and Native American youth. Agency staff members provide alcohol and other drug education for elementary school children, parents, and teachers. Bilingual therapists give individual, group, and family therapy; residential treatment is available for addicted female adolescents. Parents and teachers have formed action core teams to explore ways to combat drug abuse.

School-based programs serving families. Other grantees operate student assistance or school-based programs aimed at reducing the intergenerational cycle of chemical dependency in the youngsters' families. Programs such the Clallam County Council on Alcohol and Drugs in Port Angeles, Washington, and the Chippewa-Cree Business Committee in Box Elder, Montana, offer alcohol and other drug education and prevention courses; individual, group, and family therapy; and cultural activities for students and their parents. Teachers are trained to identify high-risk youth and refer them to the appropriate services.

Empowering local communities. One goal of many comprehensive projects is to empower local communities. In Alaska, the Rural Alaska Community Action Program serves three small rural villages inhabited by Aleuts, Eskimos, and Native Americans. Villagers work with project staff to develop and conduct alcoholism and community development workshops and to select a resident who will distribute information on alcohol and make treatment referrals.

Enhancing life skills and job opportunities. Some comprehensive programs help youth with education and job training. The New Jersey Department of Corrections Division of Juvenile Services teaches youth offenders how to renovate historic houses. These youngsters also receive alcohol/other drug education and counseling, group counseling, remedial education, sex education, and family therapy.

Targeted Prevention Programs

Targeted prevention programs aim to reduce the incidence of alcohol and other drug use and abuse. These primary prevention programs educate high-risk youth and their families on the dangers of alcohol and other drugs and offer a range of services that reduce the risk of chemical dependency and other adverse outcomes.

Providing support for young and single mothers. The Ounce of Prevention Fund serving Black kindergarten children and single-parent families in a Chicago public housing complex provides family support services to prevent child and adult behaviors likely to lead to future alcohol and other drug use and abuse. Services include full prenatal care and help with nutrition, counseling, and day care to enable teenage mothers to complete school and get job training. Young mothers also learn positive childrearing techniques. Similar services for "crack" cocaine-using pregnant women are provided by Operation PAR in Pinnellas Park, Florida, and by the Youth and Family Intervention/ Prevention Project (YFIP) in Pittsburgh, Pennsylvania.

Providing case management services to children in chemically dependent families. Some projects help chemically dependent parents and their children. In New York City, the Addiction Research and Treatment Corporation provides direct intervention and case management services to minority children whose parents are enrolled in methadone maintenance treatment programs. Children receive case management services, are taught life skills, and attend weekly drug awareness seminars. Their parents attend weekly parenting skills seminars and support groups and get help in accessing community services.

Strengthening families that have alcohol and other drug problems. A number of prevention projects, such as the one operated by the Cahaba Center for Mental Health and Mental Retardation in Alabama, offer life skills training programs for youth and parenting classes for their parents. Youth learn skills in decisionmaking, coping with stressful situations, developing positive social relationships, and resisting negative peer pressure. Parents learn how to create structured yet nurturing family environments. Such programs help promote the healthy growth and development of young children and enable parents to get the support services they need.

Mobilizing parents and communities for prevention. Other grantees have involved families and entire communities in their fight against alcohol and other drugs. The Parents Association for Drug Rehabilitation (PADRES) in Corpus Christi, Texas, has developed an effective community-based strategy to fight drug use. Schools and community groups conduct alcohol/other drug education and information programs. Hispanic youth are linked with positive adult role models, and parent groups work with schools, law enforcement agencies, and other local organizations to develop antidrug policies and to plan community campaigns against drug trafficking. Like many other prevention projects, PADRES organizes cultural and recreational drug-free activities for young people and their families.

Training for peer leaders. The training of peers as peer leaders and of parents to help conduct prevention strategies are important components of many demonstration projects. The Glen Cove Citizens Committee Against Substance Abuse in Glen Cove, New York, provides peer education, recreation, and intervention activities in a public housing project to combat drug use among Black and Hispanic residents. Peer leaders and trained housing community staff work on a daily basis to implement prevention programs. Trained young adults and teenage peer leaders facilitate rap sessions on alcohol/other drug issues and run projects designed to develop pride in themselves and their neighborhood. Another example is the Girls Club of America, whose staff trains high-risk girls aged 11 to 14 as peer leaders to educate younger high-risk girls and boys about alcohol and other drug use.

Early Intervention Projects

The primary goal of early intervention projects is to reduce the prevalence of alcohol and other drug use through early detection and intervention strategies. Most of these projects serve either the young children of alcohol- or other drug-addicted parents or adolescent gateway drug users. Children at high risk for alcohol/other drug problems because of their chemically addicted families may not personally be using alcohol or other drugs, but may need intervention services for their emotional and behavioral difficulties.

Providing help to children and parents through preschool programs. Several projects aim to break the intergenerational cycle of addiction in families. For example, the Early Childhood Substance Abuse Prevention Project (ECSAPP) of the Tacoma Pierce County Health Department, Tacoma, Washington, trains day-care center and Head Start staff and health and mental health professionals to identify the young children of alcohol- or other drug-abusing parents. Project staff educate children on alcohol and other drugs, help them recognize and express their feelings, and teach them decisionmaking and personal safety skills. Parenting skills are taught to parents.

Reducing alienation and strengthening cultural bonds and values. Studies have indicated a close link between cultural alienation and alcohol/other drug abuse among young people. The revival of Ojibwe cultural values and traditions and the strengthening of traditional roles of elders in both family and community is the approach used by the Lac du Flambeau Band in Lac du Flambeau, Wisconsin. This project is designed to help Native American children and their chemically dependent parents.

Halting the progression from gateway drugs to other drug use. Grantees offer a wide range of services to prevent youth who are experimenting with gateway drugs from progressing to addiction or abuse of other, illegal drugs. The Washington, DC, Family and Medical Counseling Service, Inc., provides gateway drug users with individual, group, and family counseling; vocational counseling; job placement and advocacy procedures; cultural/educational stimulation; and help in using community services.

Using trained peers to intervene with gateway drug users. Trained peer leaders also play an important role in some early intervention projects. They help facilitate peer support retreats, offer counseling, or serve as positive role models. At the Nipomo Community Medical Center in Nipomo, California, trained peer leaders conduct educational presentations on alcohol and other drugs and facilitate ongoing alcohol/drug prevention groups and support groups. This program serves teenagers who are children of chemically addicted Hispanic farmworkers and who are using gateway drugs.

Developing life skills to reduce drug use, delinquency, and violence. The Philadelphia Psychiatric Center Department of Research has developed a creative approach to solving the problems of drug use, violence, and delinquency among Black teenagers. Program staff members teach these young men life skills, values clarification, and violence prevention, while their parents attend a group training program. The young men learn to develop their own system of values, to take responsibility for their actions, and to resolve conflicts without resorting to violence. This program could make an important contribution toward reducing the alarming rates of homicide among young Black men in our cities.

Major Strategies Used by Grantees

Community Networking/Outreach

- Establish cooperative networks with schools, law enforcement agencies, and juvenile courts, as well as mental health, substance abuse, and other community agencies to provide effective referrals and services
- Galvanize the support of community organizations, such as churches, businesses, and community members, in the war against alcohol/other drug abuse
- Conduct vigorous outreach efforts through culturally appropriate media materials, statewide conferences, community presentations, rallies, and other visible events
- Provide alcohol and other drug education to raise awareness and knowledge of youth, parents, teachers, other family members, and the community
- Train teachers, health care professionals, community service agency counselors, day-care providers, and others on issues related to alcohol/other drug abuse and on how to identify and help

young children of chemically dependent parents or adolescent gateway drug users

Ethnic/Cultural Approaches

- Recruit, train, and support the involvement of respected community members, such as businessmen and tribal elders, as positive adult role models for high-risk youth
- Demonstrate staff sensitivity to the culture of the target population through recruitment of minority staff at all levels of prevention programs
- Encourage cultural revitalization activities to eliminate cultural alienation among minorities, such as celebrating cultural festivals and teaching the traditional language, values, and rituals
- Carry out alcohol/other drug education through culturally appropriate media and messages

Parenting Help/Support

- Reach out actively to involve parents whose support is critical for improving the life chances of their children
- Provide individual, group, and family therapy for youth and families
- Offer parents help through parenting and other skill-building courses, support groups, and aid in accessing social services
- Provide pregnant teenagers with prenatal and postnatal care, education about the effects of drugs on unborn babies, and treatment to help them stop their substance use
- Offer day-care services for parents of preschool children

Youth Help/Support

- Provide life skills training (includes decision-making, effective problem solving, coping with stressful situations, help in forming nurturing relationships and in developing social skills, and refusal skills for resisting negative peer pressure) to build self-esteem and social competence in young people and enable them to make healthy life choices
- Train peers to make educational presentations on alcohol and other drugs, to facilitate peer group sessions, and to act as positive role models
- Involve youth in community volunteer work or community development schemes, reintegrating them into their communities and reducing their social alienation
- Organize drug-free activities, such as recreation and challenging wilderness trips that build self-confidence and teamwork among participants
- Provide help with education, vocational counseling, job training, and job placement services
- Provide health education, including courses on sexuality, birth control, and AIDS prevention

Minority/Ethnic Groups: A Special Need for Help

Practitioners in the alcohol and drug abuse field have long recognized that programs for minority and ethnic children need to be culturally specific. Yet OSAP, in its recent review of materials from around the country, found almost no good materials specifically designed for minority children and families. Some excellent curricula and program models are beginning to be available for high-risk, middle-income, educated families. Most of these models have not been adapted for minority groups, and few programs have been specifically developed for individual minority/ethnic families or children.

OSAP grantees are breaking new ground as they develop culturally specific models, strategies, and materials for their audiences. Their professional staffs are culturally sensitive to the needs of their clients and generally are themselves members of the ethnic groups they serve. Testing new curricula and service delivery systems to help children from different ethnic and minority backgrounds is likely to produce important models for the Nation.

Asian Americans and Pacific Islanders

Asian Americans and Pacific Islanders make up less than 2 percent of the U.S. population. Asian Americans include Cambodians, Chinese, Filipinos, Japanese, Koreans, Thai, and Vietnamese. The Pacific Islands are represented in the demonstration grant program by Hawaii and Guam.

Alcohol consumption among Asian Americans tends to be low because many experience physical discomfort from drinking and because of negative cultural sanctions against heavy drinking. Nevertheless, alcohol

and other drug abuse is becoming a problem among recent Asian American immigrants and refugees. The Seattle/King County, Washington, Drug Commission reports that drug use among Asian youth there is far more serious than has been recorded by law enforcement agencies or indicated by drug treatment program policies. These youth appear to use drugs at an equal if not higher level than the national average, and at least 40 percent use heroin.

Recent Asian American immigrants face language barriers, culture shock, unemployment, and a lack of community support systems. Socially, many families have suffered a fall in status. Culturally, they are marginal. Many parents speak no English and have to rely on their bilingual children to get by, a situation that can cause family conflict. These conditions could be responsible for the sharp rise in alcohol/other drug abuse among Asian Americans.

Alcohol and other drug use is high among native Hawaiian youth. Recently, native Hawaiians have experienced an overwhelming influx of alien residents and the rapid imposition of Anglo-American culture, which is vastly different from their own. Hawaiians have watched their islands being transformed from a pastoral environment under community ownership into one dominated by private ownership, a market economy, and tourism. Today, native Hawaiians are the lowest socioeconomic group on the islands; many are unemployed.

Similar problems face the indigenous population of Guam. Since World War II, Westernization has radically changed the economy and culture of Guamanians. Their way of life has been transformed from rural to urban, from autonomy to dependence on the United States, and from high to low socioeconomic status. Many youth and adults abuse alcohol or other drugs, and no negative cultural sanctions against heavy drinking exist to offest this trend.

Blacks

Blacks are the largest minority group in the United States, with a population of 28 million. This population is growing with the influx of Haitians and people from the West Indies. Along with Native Americans, Blacks occupy the lowest rung on the socioeconomic ladder. Disproportionately high numbers are unemployed, incarcerated, and school dropouts.

According to a panel of the 1984 Civil Rights Institute of the NAACP Legal Defense and Education Fund, 50 percent of young Blacks are unemployed, and 25 percent under the age of 25 have never held a job. One in six black males has been arrested by the age of 19, and more than 10,000 between the ages of 15 and 19 are murdered each year.

Alcohol use is a major health problem among this group, whose mortality rate from cirrhosis of the liver is twice as high as the rate among whites. Current studies indicate that drug problems are severe and increasing among young Black males, as drugs and alcohol are readily available in the inner-city areas where they live.

Hispanics

Hispanics are the fastest growing population in the United States. At present, 18.8 million Hispanics live in the United States and 3.3 million in Puerto Rico. U.S. Hispanics represent a variety of racial and ethnic groups with different histories, occupations, education levels, levels of social service utilization, and degrees of assimilation to mainstream American culture. The National Hispanic Family Against Drug Abuse (NHFADA) reports that 60 percent of U.S. Hispanics are Mexican, 14 percent Puerto Rican, and 6 percent Cuban; 20 percent are from Central and South America.

A disproportionately large number of U.S. Hispanics are poor (25 percent of the adults and 39 percent of the children). They suffer from high unemployment and inadequate education. Language, cultural, and economic barriers prevent many from using health and social services. Also, Hispanic families in trouble tend to resort to self-help rather than seeking external help.

The NHFADA reports high rates of alcohol and other drug abuse, including drug-related deaths and homicides among Hispanics. Young males between the ages of 18 and 29 drink more heavily than Black or white adults of the same age (34 percent vs. 17 percent and 29 percent, respectively). Cocaine-related deaths tripled among Hispanics from 1982 to 1984, and this group is more likely than whites to report problems with heroin, cocaine, PCP, and inhalants. Many Hispanics also live in inner cities where alcohol and other drugs are plentiful. Like many Blacks, Hispanics are often hard to reach.

Native Americans

The 1.5 million Native Americans and Alaskan Natives in the United States account for less than 1 percent of the population. With more than 280 tribal Nations in the United States, these native peoples have wide cultural diversity.

Young Native Americans have higher rates of alcohol and other drug use than any other American

ethnic group (Indian Health Service 1987). National Institute of Drug Abuse surveys indicate that 78 percent of Native American 17-year-olds have tried alcohol as compared with 57 percent of non-Indians of the same age. Compared with non-Indian youth, the rate of repeated use by Indian youth was 21 percent higher for alcohol, 35 percent higher for marijuana, 10 percent higher for inhalants, and 14 percent higher for stimulants. Studies also reported a sharp rise in the use of alcohol and other drugs among young Indians between 1975 and 1985 (Indian Health Service 1987).

Native Americans are especially vulnerable to alcoholism because so many of their parents are alcoholics. The Indian Health Service (1987) reported that the highest death rates among Native Americans are from accidents resulting from alcohol use, and deaths directly related to alcohol/other drug use are four times the adjusted national rates.

Culture can also encourage drinking. Anthropologist Joan Weibel-Orlando (1986-87) reported that the "Indian Drinking Party" is a well-known phenomenon in many tribes. Participants rapidly drink alcohol until they exhaust their supply or lose consciousness. Drinkers are rarely punished, although such binges often lead to aggressive behavior and sometimes to fatal accidents.

The lives of Native Americans are characterized by extremely high unemployment, poverty, and cultural alienation. Many children do poorly in school and have disciplinary problems.

Conclusion

Much is being learned about how to help high-risk young people in these OSAP demonstrations. The ongoing evaluation of these programs should show which strategies are working best for which groups, at what ages, and in what settings. The efforts of the grantees are a valuable contribution, not only to our knowledge of prevention and intervention strategies, but also to the lives of the young people, families, and communities that they serve.

> "Model programs—no matter how special their circumstances—bring home that, even in an imperfect world, something can be done to address certain seemingly intractable social problems. They provide a vision of what can be achieved, a benchmark for judging other efforts, and—at a minimum—a takeoff point in the search for better understanding of the elements of interventions worthy of widespread implementation."
>
> — Lisbeth Schorr, *Within Our Reach*, p. 266

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Asian/Pacific Islanders

Comprehensive Projects

PROJECT: Kamalama Comprehensive Intervention Program

AGENCY: County of Maui Department of Human Concerns
(county agency)
200 South High Street
Wailuku, HI 96793
(808) 243-7805

CONTACT: Michael Luxton, Youth Services Coordinator
Roch M. Dancil, Project Director

TARGET POPULATION: 780 Hawaiian children and youth.
Children of alcohol and drug abusers; low income; juvenile delinquents; gateway drug users; parents of any category.

PROJECT AREA: Small urban—county

This program works in conjunction with county, State, and private agencies serving adjudicated and high-risk youth with alcohol and other drug problems to provide a comprehensive prevention/intervention program for juvenile offenders, especially those of Hawaiian and mixed Hawaiian ancestry. The Family Court estimates that more than 80 percent of their cases involving young adult Hawaiians are related to alcohol and other drug use.

The project provides alcohol and other drug education, remedial therapy, individual and family counseling, home detention, and the "Wilderness Cultural/Urban Wilderness" and "Ropes" programs. These recreational activities empower these young people, improve their self-image, and strengthen their cultural identity. Project staff have met with ethno-cultural leaders to develop services that address the cross-cultural issues unique to Hawaii. The experimental theme expands into all aspects of program components; youth are "coached" in applications of cognitive concepts.

This program coordinates activities with Youth Helping Youth. As part of aftercare, Kamalama refers clients to youth support groups. As youth complete Kamalama, they are encouraged to provide support to ongoing activities, becoming peer leaders to new participants. The program can be replicated on other islands; however, each island needs to assess how this program model can best mesh with existing systems.

The project aims to reduce alcohol and other drug use, drug-related crimes, and recidivism within the adjudicated population (as compared to the nonparticipating probation caseload) by addressing not only these problems but some of their underlying causes—cultural alienation and low self-esteem. The project's significance lies in its broad approach to these problems and in its closely working with the young people's families, whose members are frequently alcohol and drug abusers themselves. Close work with other community service agencies is improving the case management system by centralizing previously isolated programs. In addition, the project addresses a group that has been particularly difficult to help and largely neglected in the past.

PROJECT: Asian Youth Substance Abuse Project (AYSAP)

AGENCY: Asian American Recovery Services, Inc. (AARS)
Central Agency
(nonprofit community agency)
300 Fourth Street
San Francisco, CA 94107
(415) 541-9285

CONTACTS: Beatrice Lee, Program Director
Davis Y. Ja, Ph.D., Executive Director

TARGET POPULATION: 3,000 youth aged 12-20+.
School dropouts; at risk of dropping out; juvenile delinquents; mentally/emotionally disturbed; at risk of suicide; alcohol and other drug abusers; parents of any category.

PROJECT AREA: Large urban—citywide

The Asian Youth Substance Abuse Project (AYSAP) is a consortium of five San Francisco community agencies serving Asian American and immigrant youth from China, Japan, Korea, Vietnam, and the Philippines. The project's goal is to prevent alcohol and other drug problems among Asian American youth by means of education, counseling, treatment, and referral services that meet the specific cultural needs of each group.

AYSAP Central administratively coordinates the activities and services of each agency, providing advice and technical assistance. Central also trains project staff in prevention, intervention, and treatment and works with the public schools, the juvenile justice system, and other community service agencies in the city to publicize the program and get their cooperation. Community service providers citywide are being trained in preventing alcohol and other drug problems and are encouraged to provide referrals.

Central's prevention strategies include outreach; development of culturally relevant educational and outreach materials; expressive arts; drug education presentations to youth, parents, and service providers; and the development and facilitation of youth and peer support groups, community forums, and workshops.

Each of the five "core" agencies develops prevention and intervention materials specific to its ethnic target population, that is, brochures, fact sheets, and flyers. Project staff give drug education presentations to youth, parents, and service providers. They facilitate support groups for high-risk youth and their families covering such topics as family relationships, drug pushing, peer pressure, adapting to American culture, and developing self-esteem and cultural pride. Project staff pay particular attention to family problems resulting from immigration. Clinical services of these agencies include individual, group, and family counseling, and individualized treatment.

The program's significance stems from its highly organized outreach, prevention, intervention, and treatment efforts that link Asian-American community agencies with the city's major service providers in a large cooperative network.

Targeted Prevention Projects

PROJECT: Project PRO (Parents Reaching Out)

AGENCY: Government of Guam Department of Mental Health and Substance Abuse
(State/territorial agency)
P.O. Box 9400
Tamuning, Guam 96911
(671) 646-9261

CONTACT: Louis Agbulos, Jr., Project Director

TARGET POPULATION: 130,000 in the community at-large, including preschool children and Head Start parents.
Children of alcohol and drug abusers; low-income families of Head Start children.

PROJECT AREA: Island community of Guam—small urban

Project PRO is a community-based program aimed at preventing alcohol and drug problems among youth and adults by intervening with parents to prevent behavior that places their young children at high risk. The project is mobilizing parents to take an active role in preventing chemical use and to intervene with other families whose children are at high risk of experiencing alcohol- and other drug-related problems. The project is organizing a parent support network to prevent and intervene in alcohol and other drug problems.

Project PRO staff use culturally relevant materials to train Head Start parents as community-based prevention trainers; these parents can then facilitate outreach efforts in the community to prevent and intervene in drug use behaviors. Training topics include drug awareness, effective communication, and training trainees. The project is creating a network of 40 to 60 trainers (Head Start parents and educators) who will conduct monthly prevention training sessions in their own communities. Trainees will conduct weekly drug education sessions for 12 to 20 children in each of the 19 Head Start centers and monthly adult peer training in their respective communities. This network of trainers will be able to conduct alcohol and drug training for other parents and adult groups in the community. In addition, adults and youth are being trained to promote positive peer modeling in the community.

Project PRO has invited representatives of other agencies concerned with alcohol and drugs to join the Project Advisory Council, which plans and operates the program. In addition, Project PRO staff train volunteers and gatekeepers from human service agencies. For example, teachers are taught how to detect early signs of risk behavior among their students and to make proper referrals.

The project's use of Head Start parents as community-based prevention trainees is innovative, because it directly targets parents likely to be drug and alcohol abusers. Among these 564 parents, 107 are single, 348 unemployed, and 73 percent receive public assistance. Staff's close, cooperative relationship with the Department of Mental Health and Substance Abuse and other human service providers as well as with community members (particularly Head Start parents) ensures that existing prevention and intervention efforts will expand at the local level. Project PRO is meeting the urgent need for community-based prevention/intervention resources and services in Guam.

PROJECT: Targeted Asian Drug and Alcohol Prevention Team (ADAPT)

AGENCY: Asian Association of Utah
(minority community organization)
28 East 2100 South, #102
Salt Lake City, UT 84115
(801) 486-5987

CONTACT: Shuh Cheng, M.S.W., Principal Investigator

TARGET POPULATION: 1,000 youth aged 16-20+
School dropouts; juvenile delinquents; latchkey children; unemployed; at risk of unemployment; low income; parents of any category.

PROJECT AREA: Large urban—city areas with small populations of Asians

ADAPT aims to meet the needs of underserved Asian minorities—many of whom are recent immigrants—in areas where their population is low and services are few. In Salt Lake City, Asians include Cambodians, Chinese, Japanese, Koreans, Laotians, Filipinos, Thais, and Vietnamese. Project services are provided by a coordinator and five part-time bilingual counselors trained in alcohol and other drug use prevention, family dynamics, parenting, and culturally relevant approaches.

The project is establishing a national demonstration model for drug and alcohol use prevention, treatment, and rehabilitation for minorities—particularly Asians and Pacific Islanders. It is designed to identify high-risk youth and intervene to deter them from using drugs and alcohol or to help them discontinue using these substances. ADAPT is also encouraging the Asian community to assert its right to self-determination through the development of its own chemical abuse programs. ADAPT will publish the results of this demonstration project for national distribution so it can be replicated in other communities with small Asian populations.

The project provides four-session educational workshops to parents and five-session workshops to youth on alcohol and other drug use, its effects, and how to prevent such problems. The sessions warn young people about peer pressure, tell them how to resist it, and offer peer counseling. Parents and youth trained during the first project year are being recruited to participate in parent support groups and in peer counseling teams. ADAPT staff also recruit Asian community residents who are active in local affairs to serve as positive role models for young people, and provide information, referrals, and followup services to young people in need of help.

Program brochures in the different Asian languages (e.g., Chinese, Cambodian, Vietnamese) facilitate the project's outreach efforts in the Asian community. ADAPT also sponsors many drug-free cultural and recreational activities for young people and their families, such as the Annual Asian Festival and Miss Asia of Utah Pageant.

Project staff have established cooperative networks with schools, alcohol and other drug treatment clinics, refugee resettlement and job service agencies, and the local health department to publicize ADAPT services and to coordinate prevention, treatment, and rehabilitation efforts with them. ADAPT's 16-member Advisory Council includes five youths, educators, police, and other social service professionals. Several youths are working with project staff to organize the 1988 Asian Youth Leadership Conference on Drug and Alcohol Prevention.

This project improves alcohol- and other drug-related services for Asians in areas where they are underserved. In other communities where this model can be replicated, the model can also enhance the ability of mainstream comprehensive community drug and alcohol programs to overcome cultural barriers that inhibit serving ethnic minorities.

Early Intervention Projects

PROJECT: Filipino Early Intervention Project

AGENCY: Asian American Recovery Services (AARS)
(nonprofit community service agency)
2024 Hayes Street
San Francisco, CA 94117
(415) 255-3500

CONTACT: Davis Y. Ja, Executive Director

TARGET POPULATION: 750 Filipino youth aged 13-20+.
School dropouts; at risk of dropping out; pregnant adolescents; mentally disturbed; alcohol and drug abusers; unemployed; low income.

PROJECT AREA: Large urban--city

Filipinos are the fastest growing Asian population in the United States. In San Francisco, many young Filipinos are school dropouts and unemployed, which places them at great risk for alcohol and other drug use. This project addresses this problem through services that heighten these young people's awareness of the adverse effects of alcohol and other drugs.

Project staff train peer counselors to intervene with youths identified as alcohol or drug users. They give training and educational presentations to Filipino parents, community members, and service providers, and also sponsor drug use prevention seminars for Filipino community members and service providers. Project staff have developed youth peer support groups and parent support groups and also provide counseling to high-risk youth and families.

Drug-free activities offered to program participants include a youth mentor program, world of work, and summer recreational activities. Outreach services consist of culturally appropriate seminars and workshops on alcohol and other drug use and its dangers to over 500 Filipino youths in churches, schools, social clubs, and community centers. Project staff also give workshops for non-Filipino service provider agencies to promote positive interactions between their staffs and young Filipinos.

The agency has established links with community agencies, youth/family groups, and service providers to develop joint projects and exchange information and referrals. Baseline data are being gathered on the attitudes and behaviors of Filipino youth pertaining to alcohol and other drug use through interviews with 200 high-risk youth between the ages of 11 to 21.

This project is significant because it is one of the first to provide bilingual, bicultural alcohol and other drug use education and services to the Filipino community, underserved until now. For the first time, data on the extent and patterns of substance abuse among Filipino youth will be available. Much will be learned about health, educational, and economic factors that make young Filipinos vulnerable to problems with alcohol and other drugs. The project's data and methodology will be published so that other communities with large Filipino immigrant populations can develop similar programs.

It is expected that 50 youths per year will be helped by the project's intervention services, and at least 500 young Filipinos per year will become more aware of the dangers of alcohol and other drug use. Cooperative networks established between AARS and other community service organizations will contribute toward reducing alcohol and drug problems among young Filipinos.

PROJECT: Superior Court of Guam's Drug Abuse Prevention Project

AGENCY: Superior Court of Guam Alternative Sentencing Office
(State/territorial agency)
110 West O'Brien Drive
Agana, Guam 96910
(671) 472-8961

CONTACT: Roy S. Taijeron, Chief Probation Officer and
Sister Mary John Cristobal, SFCC, Administrator,
Alternative Sentencing Office

TARGET POPULATION: 150,000 youth aged 9-21.
Juvenile delinquents; parents of any category.

PROJECT AREA: Island of Guam and U.S. Territories in the Pacific

This innovative early intervention program is designed to reduce and prevent alcohol and other drug problems among juvenile offenders through educational and informational services. In 1986, over two-thirds of 1,466 criminal cases filed in the Guam Superior Court were alcohol/other drug related. In Guam, there is a liberal attitude toward alcohol, and other drugs are often smuggled onto the island. Court records show a large number of youth and adults arrested while driving under the influence of alcohol or other chemical substances.

This project responds to the growing need to reduce alcohol and other drug problems in Guam by expanding the existing two-program approach, i.e., (1) drug education for adjudicated youth charged with smoking marijuana and/or consuming alcohol and (2) Basta Bumulacho (BB) meaning "stop getting intoxicated," for youth and adult offenders who are not helped in a typical Alcoholics Anonymous meeting because of language and cultural barriers. BB is community-based and creates a comfortable setting for participants, who include Chamorros (natives of Guam), Filipinos, Palauans, and natives of Trust Territories. Guests of participants can also attend.

This new program gives juvenile offenders 12-week drug education courses that help them improve their social skills, enhance their self-esteem, and take responsibility for avoiding drug use. Peer counselors help these youngsters learn to appreciate themselves and enjoy meaningful relationships and drug-free social activities.

Victim-offender programs enable offenders to take responsibility for the harmful effects of their actions on victims and others, and efforts are made to find them adequate work. The Presiding Superior Court Judge attends the last day of the program so that participants can tell the judge about the progress they have made.

Project staff produce monthly alcohol and other drug information newsletters for which youngsters write feature articles; the newsletters are distributed to all elementary and high schools in Guam. There is also a program for children of alcoholics and a child-rearing course for parents to break the intergenerational cycle of alcohol and other drug abuse.

This project should help reduce alcohol and other drug problems among young people, as well as the number of car crashes related to drunk driving.

Blacks

Comprehensive Projects

PROJECT: Afro-American Adolescent Project

AGENCY: University of Cincinnati, College of Medicine
(higher education institution)
Department of Psychiatry, Alcoholism Clinic
3259 Elland Avenue (ML539)
Cincinnati, OH 45267
(513) 872-4742

CONTACT: Jacqueline Butler, Project Director

TARGET POPULATION: 15,000 Black adolescents.
School dropouts; at risk of dropping out of school; juvenile delinquents; low income.

PROJECT AREA: Large urban—city

This project is an expansion of the Crossroads Unit of the Alcoholism Clinic of the University of Cincinnati College of Medicine. It incorporates culturally specific prevention, treatment, and rehabilitation services for Black adolescents. The project integrates the beliefs, historical and cultural perspectives, values, and problem-solving styles of Black Americans with an understanding of the dynamics of alcohol and other drug use and the processes of treatment, intervention, and prevention for this population. Project activities are aimed at both individual youths and the community as a whole.

The project offers holistic treatment and rehabilitation services to adolescents and their families, whether suffering from alcohol and other drug abuse or other sociopsychological illnesses. Psychological and medical consultation is provided along with primary clinical services. Staff have developed five models of prevention and treatment strategies designed to stimulate individual and group growth and development. These models use the concepts of (1) chemical dependency, (2) cultural enrichment, (3) skills development, (4) family dynamics, and (5) process/identity. Treatment is geared toward empowering participants, boosting their self-esteem, and encouraging them to be self-sufficient through such services as job training. Project staff are working to increase early identification of adolescents who need counseling.

The project's outreach activities and community services are geared toward preventing alcohol and other drug problems. Here, the staff adopt the approach that individuals are part of intricate networks linking them to their immediate and extended families. Alcohol and other drug education is offered to parents and other community members. In addition, project staff have established cooperative relationships with community service organizations, particularly juvenile service providers.

The project's 15-member Advisory Board provides input and quality assurance and acts as an advocate of community needs at the local, State, and national levels. A 40-member Africenter Service Providers Consortium has been created and meets monthly. Members work to fill service gaps and reduce duplication as well as to centralize case management and act as advocates for the target population.

If positive results are demonstrated for this project, its model may be generalized to other parts of the city and State that have large Black populations.

PROJECT: Step One Comprehensive Prevention, Treatment, and Rehabilitation Program

AGENCY: Step One, Inc.
310 E. Third Street
P.O. Box 2110
Winston-Salem, NC 27102
(919) 725-8389

CONTACT: Anita J. Dunston, Outreach Project Director

TARGET POPULATION: 3,000 Black children aged 4-12; youth aged 12-21.
School dropouts; at risk of dropping out pregnant teenagers and single parent delinquents; low income; suicidal; unemployed.

PROJECT AREA: Large urban—four public housing projects

Step One is a comprehensive prevention, intervention, and treatment services project aimed at four public housing projects in Winston-Salem. Each housing development is in a high-crime area with a great deal of drug trafficking and alcohol consumption, placing all residents at high risk.

This project aims to reduce drug use and experimentation and other maladaptive behaviors among high-risk youth by using prevention professionals, volunteers, family members, and other community members to help these youth develop productive lives. Methods to maximize this holistic effort include community mobilizing to identify local needs and press for changes in government and agency policies, neighborhood development/improvement, and network building to create or reinforce cooperation among community service agencies.

The program also operates an outreach project in cooperation with the local housing authority. An outreach counselor's office has been established in each housing project and a program strategy developed for use with the Project Residence Councils. The outreach counselor works with each Residence Council to promote general awareness of prevention efforts and to identify peer and parent volunteers willing to help develop programs in each housing project. Outreach staff are conducting prevention programs tailored for each age group.

Project staff have developed a referral/information network by which neighborhood residents can refer persons needing treatment and intervention to the Step One program or any other appropriate program in the community. Staff and volunteers raise community awareness of alcohol and other drug problems and resources available for help by disseminating appropriate referral and information literature and by publicizing the information centers in each housing project office.

In conjunction with other agencies, especially Forsyth County Health Department, project staff conduct programs on teen pregnancy, human sexuality, safe sex including AIDS prevention, and birth control methods. Classes that boost participants' self-esteem and teach alternatives to alcohol and other drug use for depression are held along with classes for goal setting and decisionmaking. The family education program teaches effective parenting skills. Project staff hope to recruit at least 10 percent of the heads of households involved in family programs for an adult coalition to further Step One's outreach goals.

This program expects to achieve a reduced incidence of alcohol and other drug use, delinquency, and teen pregnancy among the target population. Its unique approach will give professionals in the alcohol and other drug field strategies for the development of comprehensive programs within low-income, minority communities. Project evaluation will provide insight into the appropriateness of certain education models and approaches.

PROJECT: Substance Abuse Prevention and Treatment Program at City Lights: The Workplace

AGENCY: City Lights: The Workplace
(nonprofit organization)
724 9th Street, NW, #300
Washington, DC 20001
(202) 347-5010

CONTACT: Adrienne Goode, Project Director
Kevin Allison, Principal Investigator

TARGET POPULATION: 70 Black youth to young adults aged 16-26.
Children of alcohol and other drug abusing parents; children of abusive parents; school dropouts or at risk of dropping out; pregnant; delinquent; low income; unemployed; mentally retarded; suicidal; physically disabled; with severe drug problems.

PROJECT AREA: Large urban—citywide

The Workplace project, sponsored by the Academy for Educational Development, a nonprofit educational institution, is designed to help high-risk adolescents and young adults with severe psychological, emotional, alcohol, and other drug problems make the difficult transition from school to work, independence, and a drug-free life. This project adds a comprehensive alcohol and other drug abuse prevention, treatment, and rehabilitation component to the existing educational, vocational counseling, and clinical services provided by the Workplace since it was established by City Lights in 1984. Project staff coordinate with community and State service organizations to get referrals and provide adequate assistance to the target population.

Workplace services are aimed at increasing the academic and social competence, self-esteem and employability of student enrollees. These services include the following:

- Individual and group alcohol and other drug counseling
- Health education counseling to assist students in living healthy, drug-free lives
- Family meetings with student enrollees, including home visits, with a focus on crisis intervention and conflict resolution
- Use of peer counselors as positive role models (Peer counselors play important roles in alcohol and other drug counseling sessions. After 7 weeks of intensive training, peer counselors are assigned a "buddy," a Workplace student. Each day, the peer counselor and his/her "buddy" meet with the substance abuse counselor, who monitors their interactions.)
- Remedial education and vocational counseling to help students get jobs

During the second year of the project, the alcohol and other drug use prevention/treatment program is being extended into the therapeutic day treatment program at City Lights. In addition, student enrollees can become actively involved in Nar-A-Non and in Al-Anon groups organized by the counselor.

Staff anticipate that the program will reduce the number of young people placed in residential treatment programs, detention centers, and psychiatric hospitals. The program's impact on student enrollees—e.g., the skills they learn, their employment, and nonuse of alcohol and other drugs—will be evaluated. Evaluation results will be distributed to mental health professionals, special educators, vocational counselors, chemical abuse professionals, and agencies serving similar high-risk populations.

This project is a unique combination of computer-assisted academic and vocational instruction, psychoeducational curricula, and services aimed at preventing or treating chemical abuse. This broad range of services gives troubled adolescents and adults the resources they need to lead healthy, productive lives in their community. Workplace staff believe they have created a cost-effective, innovative, and replicable approach to a serious social problem.

Targeted Prevention Projects

PROJECT: Street Talking Productions for Targeted Families

AGENCY: State Health and Human Services Finance Commission
(State agency)
Bureau of Community Service
P.O. Box 5616
Greenville, SC 29606-5616
(803) 239-2981

CONTACT: Beverly Hunter, Senior Human Services Program Specialist

TARGET POPULATION: 20,000 low-income, Black children aged 3-5.
Families and adolescents.

PROJECT AREA: Statewide (including large urban and rural areas)

This South Carolina State agency, in conjunction with three local institutions, is producing live and taped theatrical productions, including a 1½ hour production "Don't Give Up On Your Dreams." These productions are designed to have a positive influence on low-income, predominantly Black children and their families served by the State's block grant child development centers and Head Start programs. The three involved institutions include a technical college, a child development services agency, and South Carolina Educational Television.

The productions focus on the alcohol- and other drug-related issues that face high-risk minority families today. One series of videotapes features puppets and addresses six prevention-related topics appropriate for 3- to 5-year-olds. As part of the training program, teacher training guides to complement the puppet videotapes with referral guidelines are being developed and distributed to all teachers in the child development centers. A statewide teleconference session has been held for 675+ teachers to introduce the first two shows. The other live and taped musical drama targets families and older youth. The cast for the dramas is composed entirely of 12- to 18-year-olds.

For teenagers, South Carolina Educational Television has produced a 30-minute documentary about the successful musical repertory theater developed by low-income minority youth. The documentary will be shown to other high-risk youth to get them interested in starting similar productions in their own communities. The film also will be available to religious institutions and community organizations to stimulate replication of the Greenville program in other communities.

This project should have a beneficial impact on preschool children, because studies indicate that preventive interventions through a preschool program can have far-reaching positive effects on children's future personal and social competence. Such skills make it less likely that these children will become chemically dependent later.

The parents' program will increase their understanding of the adverse consequences of alcohol and other drug abuse on their children and themselves, and it should promote dialog between the parents and their children on these issues. Participating teachers will gain knowledge and skills in working with preschool children and their parents on alcohol and other drug problems and related issues.

The project also will help fill the gap between general chemical abuse education and treatment services. Community organizations and churches are being encouraged to promote drug-free activities, such as the musical repertory theater, among youth at known risk of becoming dependent on alcohol and other drugs. Tapes of the documentary, musical drama, and puppet shows will be available on loan. Copies of the musical drama script and score are available for replication.

PROJECT: Young Children Of Substance Abusers (YCOSA) Targeted Prevention Project

AGENCY: Alabama Department of Mental Health/Mental Retardation
(State agency)
Division of Mental Illness and Substance Abuse
200 Interstate Park Drive
Montgomery, AL 36193-5001
(205) 271-9243

CONTACT: Molly Brooms, Director
Daniel M. Hoke, Ph.D., Clinical Director
Cahaba Center for Mental Health and Mental Retardation

TARGET POPULATION: 240 (180 Black children aged 6-12 and 60 parents).
Children of alcohol and other drug-abusing parents; children abused by parents; juvenile delinquents; mentally disturbed; suicidal; low income.

PROJECT AREA: Small urban—Selma and Dallas counties

The Alabama Department of Mental Health has hired two subcontractors to implement this project under its supervision: the Cahaba Center for Mental Health and Mental Retardation (CCMH/MR) to provide hands-on program operation, and the University of Utah Social Research Institute to adapt the Strengthening Families Program (created by the Institute's Drs. Kumpfer and DeMarsh) for poverty-level Black children and their families.

This project aims to reduce tobacco, alcohol, and illegal drug use and other factors related to this behavior (i.e., behavioral, cognitive, emotional, and academic problems) among socioeconomically disadvantaged Black children. The Cahaba Center offers 14-week skills training courses for low-income children and their parents (12 families per 14-week session). Training topics include parenting skills, developing children's emotional skills, building family relationships, and communication.

Cahaba Center staff have met regularly with representatives of the county school systems, the Department of Human Resources, courts, and with local Black leaders to inform them of the project and encourage referral of potential participants. Program results will be published and disseminated so that the program can be replicated elsewhere.

This project could make a major contribution to alcohol and other drug use prevention among Black children because the Kumpfer/Demarsh Strengthening Families Program is one of the few available prevention models designed specifically for children of alcohol and other drug abusers. This family-focused program has already yielded positive results on drug use patterns and on a large number of related risk factors for whites, Hispanics, and Native Americans.

As with these other groups, Black parents' child-rearing skills are likely to improve markedly. Siblings and other children raised by parent participants will be less likely to experience alcohol and other drug problems or become delinquent. If successful, this project will provide a model that can be replicated throughout the State and the Nation.

PROJECT: Targeted Primary Prevention Demonstration Project

AGENCY: Concord Foundation for Urban Development
Community Outreach Ministry
(church foundation)
5204 Liberty Heights Avenue
Baltimore, MD 21207
(301) 367-1117

CONTACT: Dr. Matthew L. Jones, Chief Executive Officer

TARGET POPULATION: 100 Black children aged 6-13.
Children of alcohol and other drug abusers; children of abusive parents; at risk of dropping out of school or being unemployed; at risk of becoming pregnant; low income; latchkey children.

PROJECT AREA: Large urban—city

The Concord Foundation for Urban Development is a community outreach ministry of a Black Baptist church in a working-class section of Northwest Baltimore. The Foundation has expanded an existing summer tutorial project for latchkey children to an afterschool program aimed at decreasing the incidence of alcohol and other drug use among these youth.

Program staff conduct 2- to 4-hour program orientations for participants and their parents, who are encouraged to be involved. Staff have trained 16 older teens to be peer leaders (Natural Helpers) and to serve as role models for participants. The peer leader committee puts out a newsletter every 6 months that describes program activities and community involvement. It also provides short articles about alcohol and other drug use prevention and other items of potential interest to participants and their parents.

Education sessions teach participants about alcohol and other drugs and about their short-term and long-term negative effects. This information is combined with exercises aimed at promoting a healthy lifestyle, such as peer-resistance strategies and coping/problem-solving skills. The program's Expanding Horizons component provides information on career alternatives. Participants who need these services receive individual and group counseling, along with referral to special services. Group counseling enables participants to practice their peer-pressure resistance skills. The program also offers informal rap groups and snack time.

A number of retired professionals serve the program as volunteers. In addition, the program solicits help from Black businessmen, who are paired with the oldest participants, giving these youth some exposure to the older men's careers.

The project director and peer leader supervisor distribute program announcements at schools and in the community. To recruit participants, they conduct presentations at schools, PTAs, and community organizations. The Concord Foundation also provides alcohol and other drug education to parents of participants and peer leaders, to community organizations, and in cooperation with school principals and teachers, to neighborhood schools. The project has an advisory board whose members include community service agency professionals (particularly those with experience in alcohol and other drug abuse), healthcare providers, one parent, and one peer leader. Local community service agencies are thereby involved in planning this project and in helping coordinate its services with those of other community service organizations.

This project provides a needed service for Black youth that should help prevent many of them from becoming involved with alcohol and other drugs. The project will also increase knowledge about which alcohol and other drug use prevention strategies work and which do not work. Project results can therefore be used in developing similar programs in Black communities across the country.

PROJECT: Primary Substance Abuse Prevention Training Institute

AGENCY: Edward Waters College
(higher education institute)
1658 Kings Road
Jacksonville, FL 32209
(904) 355-3030

CONTACT: Melvin Alston, Jr., Project Director

TARGET POPULATION: About 2,000 Black youth aged 6-21.
Children of alcohol and other drug abusers; children abused by their parents; school dropouts; pregnant adolescents; low income.

PROJECT AREA: Small urban—citywide

Edward Waters College, a small established Black college, has collaborated with local drug rehabilitation agencies to establish the Primary Substance Abuse Prevention Training Institute with services targeted at Black youth. The Institute will train 15 community leaders to plan, organize, and direct prevention projects for small groups (clusters) of the target population whom they recruit. Training lasts 6 weeks.

Cluster leaders conduct community surveys and collaborate with other civic groups to assess drug prevention needs and strategies. Their role involves developing cooperative links among public, civic, professional, and voluntary agencies for referrals and exchanges of information. Cluster leaders also promote drug prevention discussions in religious institutions, schools, industry, and community agencies, and plan for and provide opportunities for others to get training at the Institute. Leaders are helped by trained volunteers who are community members, or by Edward Waters College students who also assist participants in the Speakers Bureau. A cluster coordinator supervises the leaders.

A drug prevention resource center is being established northwest of Jacksonville, in an area where approximately 80 percent of the target population lives. The program will provide a minimum of five sites in the Black community where people can get alcohol and other drug information, training, and services.

The Institute has launched a public relations network campaign including a local workshop, seminars, and participation in the "Just Say No" march by youth, cluster leaders, and project staff. These efforts will make the program visible and help strengthen the referral system so that the Institute can be used as a model alternative to street crime.

The Training Institute represents a consolidated effort by an educational institution and local drug rehabilitation agencies; this model features the training of key individuals in the religious institution, home, school, and community to provide services to a population not previously served. Program evaluation should yield valuable data for publication and will provide a model for designing similar community prevention programs elsewhere.

PROJECT: Pre-School Stress Relief Project

AGENCY: National Council of Negro Women
(nonprofit corporation)
250 Georgia Avenue, SE, Suite 315
Atlanta, GA 30312
(404) 524-6269

CONTACT: Jennie C. Trotter, Project Director

Gloria S. Humphrey, Assistant Project Director

TARGET POPULATION: Black metropolitan Head Start Preschoolers.
Children of alcohol and other drug abusers; abusive parents; low income.

PROJECT AREA: Large urban—city

Pre-School Stress Relief Project (PSSRP) is a primary prevention demonstration project developed to provide training, consultation, and educational resources in stress management education for Metropolitan Atlanta Head Start teachers. The goal of this project is to enable teachers to teach high-risk preschoolers how to develop positive coping skills to reduce the stress in their lives. This project aims to enhance the self-concept of these preschoolers and discourage agressive behavior. In addition, project staff also intend to develop educational resource materials and referral information for participants.

Head Start teachers attend 2-day workshops that teach them about stress and its causes among children and early identification of stress in preschoolers. Teachers also learn about developmental stages in children and how to teach them coping skills for stress reduction.

Trained teachers use a six-lesson curriculum for educating preschoolers in stress management. Lessons cover the following topics:

- I am a good person
- Understanding feelings
- Body changes
- Positive anger releases
- Breathing and relaxation
- Exercise

Additional educational materials used to supplement the curriculum are puppet videos, songs, posters, worksheets, and puppets.

Parents attend two workshops that teach them how to reduce their own stress levels and to cope effectively with their children's stress.

The project teaches preschool children of alcohol and other drug abusers some useful techniques for coping with a difficult family situation and may protect them from problems with alcohol and other drugs in later years.

PROJECT: Targeted Alternatives to Substance Abuse

AGENCY: Sasha Bruce Youthwork, Inc.
(private nonprofit)
1022 Maryland Avenue, NE
Washington, DC 20002
(202) 675-9340

CONTACT: Vera Johnson, Program Director

TARGET POPULATION: 6,000 Black children and youth aged 8-19+.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts or at risk of dropping out; pregnant teenagers, teen mothers; low income; delinquent; mentally disturbed; suicidal; alcohol and other drug abusers; runaways; homeless; unemployed; parents.

PROJECT AREA: Large urban—city

This project offers a replicable program that includes a wide variety of preventive services aimed at reducing alcohol and other drug use among high-risk youth. The project complements the seven existing programs for troubled youth and their families operated by Sasha Bruce Youthwork, Inc. (SBY). This alcohol and other drug use prevention component, staffed by three certified chemical abuse counselors and a cadre of seven to eight trained peer counselors, provides both direct youth services and support to other SBY program staff.

Project staff and peer counselors give regular presentations on alcohol and other drugs and AIDS to young people served by one of the other SBY programs. Prevention workshops focus on the disease process of alcohol and other drug use, street names for drugs, and alternatives to alcohol- and other drug-related lifestyles. AIDS prevention workshops are also conducted. Videos, games, and exercises are used during these workshops and presentations.

The project staff have developed a high-risk scale to help them provide special services to those young people identified as more at risk of chemical use. These youngsters receive specialized services that include silk-screening workshops and country weekend retreats, and workshops known as "Meet the Challenge" that are motivational, confrontive, and experiential. The goal of these workshops is to encourage youngsters to confront themselves and to enhance their self-esteem and sense of control over their lives. Workshops on alcohol and other drugs are given to parents of the participants and their siblings, who are also at risk of using chemical substances.

Groups are also conducted for youth who sell drugs. Project staff are working to improve such assessment tools as intake interview guides and to develop new instruments, including a risk factor scale for assessing the client's risk of chemical use. They also plan to develop educational materials for clients and their parents.

The project's prevention and outreach activities will be institutionalized as part of local community services. These prevention services fill a gap in an area of Washington, DC where programs are oriented primarily toward detoxification and treatment. The project's potential for replication lies in its successful family systems approach and in the SBY organization's ability to access the target population and to disseminate information at regional and national forums. This type of project paves the way for further constructive relationships between the alcohol and other drug field and work programs for youth.

PROJECT: "Project LEAD: High Expectations!" A Targeted Primary Prevention Program

AGENCY: The Links Foundation, Inc.
(private nonprofit agency)
1200 Massachusetts Avenue, NW
Washington, DC 20005
(202) 842-0123

CONTACT: Flavia R. Walton, Project Director

TARGET POPULATION: 100,000 Black children and youth aged 7-16.
Children of alcohol and other drug abusers; at risk of becoming adolescent parents; at risk of dropping out of school; low income; latchkey.

PROJECT AREA: Large urban—sections of cities

This project will produce a field-tested, innovative, community-based educational outreach program to prevent the use of alcohol and other drugs, premature sexual activitiy, and unintended births and sexually transmitted diseases in selected sites throughout the country. The project was piloted in eight target cities: Atlanta, Georgia; Baltimore, Maryland; Des Moines, Iowa; Huntington, West Virginia; Oakland, California; Washington, D.C. (metropolitan area); Petersburg, Virginia; and Vicksburg, Mississippi. Additional sites will be added each year of the project.

Implemented by a national organization of Black professional women, the project is developing a program model and curriculum for training trainers. The curriculum is used to train professionals who are members of The Links, Inc., the parent organization of The Links Foundation, Inc., and members of Black professional and community organizations to reach high-risk youth with messages and services that (1) increase their chances for an improved quality of life; (2) motivate them to improve their academic performance; (3) enhance their self-esteem; (4) reduce their potential of becoming adolescent parents and/or victims of sexually transmitted diseases; and (5) improve their decisionmaking and communication skills.

Program staff also are developing a model 60-hour minimum intervention outreach program featuring pre- and posttesting, forums, "rap" sessions, self-study instructional modules, and incentives. In addition, program staff are creating culturally appropriate instruments that yield more accurate measurements of the knowledge and attitudes of Black youth. During the project's second year, program staff are expanding the training program to additional chapters of The Links, Inc., and to chapters of Black fraternal, professional, and service organizations. The staff will field test the self-study modules and revise them, as necessary, so they can be duplicated and made available for natural distribution.

Program staff are building strong coalitions among Black fraternal and professional groups in order to disseminate this project model throughout the professional Black community at local, State, and National levels. Staff want to bring the collective experience, networks, and resources of these organizations to bear on the problems of alcohol and other drug use, adolescent pregnancy, and other problems facing high-risk Black youth. Three thousand professional Black men and women are being trained to replicate this program model in other communities. In addition, students at traditional Black postsecondary institutions are being trained to help conduct the intervention program, for which they can receive academic credit.

The program expects to reach 50,000 high-risk Black youths with educational and other enriching activities that can increase their potential for success. Program staff are preparing five integrated self-study instructional modules and companion leader's guides on (1) Values, Self-Image and Self-Esteem; (2) Decisionmaking; (3) Preventing Alcohol and Other Drug Use; (4) Preventing Early Sexual Involvement, Unintended Pregnancy, and Sexually Transmitted Diseases; and (5) High Expectations: Academic Excellence and Vocational and Career Planning.

PROJECT: Southern University Drug Prevention Program (SUDPP)

AGENCY: Southern University Department of Psychology
(higher education institution)
School of Nursing
Baton Rouge, LA 70813
(504) 771-2991

CONTACT: Murelle G. Harrison, Codirector of Operations
Carla J. Serlin, Codirector of Research and Evaluation

TARGET POPULATION: 100 6th to 9th grade Black students.
Low income; parents.

PROJECT AREA: Large urban—section of city

This project provides comprehensive alcohol and other drug prevention services to low-income youth in the northwest part of East Baton Rouge Parish. Participants are expected to benefit from the program by becoming better equipped to resist pressure to use alcohol and other drugs and by learning to lead healthier lives. Those formerly prone to delinquency will learn about positive alternatives to crime, which is rampant in their neighborhoods. Participants may acquire effective life skills and gain higher self-esteem. Parental involvement in the program should improve family relationships and increase the likelihood of the children remaining free of alcohol and other drugs.

Of 200 students referred to the SUDPP, 100 were randomly selected to participate in this program (the experimental group) and the other 100 were selected for the East Baton Rouge Alcohol and Drug Abuse Prevention Program (ADAPP) (control group). Participants have made a commitment to be in the program for 2 years and are given $5 for every Saturday that they attend. Parental participation is required for the program, thus ensuring parental support.

SUDPP involves three projects:

1. A bimonthly weekend project during the school year (September-May) involving QUEST drug prevention sessions and recreational and health promoting activities on the Southern University campus.

2. A summer project featuring QUEST, a 4-week intensive program in which all participants live on the Southern University campus and attend project activities and programs during the day and some evenings. The goals of QUEST are to develop the motivation, self-esteem, self-concept, decisionmaking, goal setting and achievement, social skills, and effective coping strategies of participants. Participants work closely with project staff during this summer program, which also includes drug prevention strategies and recreational activities. Prevention strategies are presented through films, role playing, group discussion, and lectures.

3. A companionship project in which each participant is paired with a college student volunteer of the same sex who serves as a positive role model to help develop social skills. Volunteers, who are selected from the Southern University student body on the basis of their interest in young people and nonuse of alcohol and other drugs, spend 2 hours per week with participants.

Families are involved in the program from the start. The program offers an annual Family Day and other family activities geared to improve relationships between parents and children. Workshops cover the parents' role in alcohol and other drug abuse prevention.

Trained counselors implement intervention strategies under the supervision of project staff. Ten counselors have been selected from upper division Southern University undergraduates who are majoring in psychology, social work, nursing, recreation, education, or home economics.

The results of this project will be published in major journals and presented at scientific meetings. These findings should benefit social scientists, teachers, health providers, and others working with preteens and teenagers.

PROJECT: Child and Family Options (CFO)

AGENCY: The Ounce of Prevention Fund
(nonprofit)
188 West Randolph, Suite 2200
Chicago, IL 60601
(312) 853-6080

CONTACT: Enora Brown, Project Manager

TARGET POPULATION: 100 Black kindergarten and first graders (and families).
Low income; children of mothers who are single heads of households.

PROJECT AREA: Large urban—city

This prevention program serves families in a predominantly minority public housing complex on Chicago's south side. CFO provides a family support model for preventing child and adult behaviors known to lead to alcohol and other drug problems. This model enhances the children's self-esteem, helping them to acquire social skills and develop emotionally. The program provides opportunities for both children and parents to develop a sense of being in control, promotes positive parent/child relationships, and teaches effective coping skills for dealing with stressful situations. Parents learn positive childrearing techniques and are encouraged to be more involved with their children.

The program offers weekly activities, home visits, and such special events for participants and families as visits to restaurants. These events involve entire households in healthy, culturally relevant recreational experiences. Home visits enable project staff to work with parents individually, encouraging them to participate and helping them develop social/emotional and other skills.

CFO is one of the few programs to target the inner-city Black community—a population in serious need of alcohol and other drug prevention services for parents and children. It is also one of the few programs to target kindergarten-age children. To evaluate the effectiveness of its prevention model, CFO is keeping an extensive longitudinal data base on the families it serves. Written materials on this model will be made available to other urban Black communities.

PROJECT: Boys Club Targeted Substance Abuse Prevention Project

AGENCY: Salesian Boys Club
(nonprofit organization)
80 South Sixth Street
Columbus, OH 43215
(614) 464-4045

CONTACT: Brother Gerald Warner, Executive Director

TARGET POPULATION: 1,000+ Black youth aged 10-15 (mostly male). Gateway drug users; low income; parents.

PROJECT AREA: Large urban—section of city

This project was designed to decrease use of gateway drugs among the 1,000 or more members of the Salesian Inner City Boys Club, who are high-risk youth from poor families. The project also aims to increase the awareness and understanding of parents and community leaders about alcohol and other drug use. Boys Club prevention strategies include the following:

- Involving members in planning, coordinating, and implementing the prevention program
- Encouraging parents, schools, community agencies, and professionals to become involved in preventing alcohol and other drug problems
- Alcohol and other drug educational programs using the "family disease" alcoholism model and providing resource information
- Caring, skilled adult leaders who facilitate small group sessions aimed at boosting members' self-esteem, social skills, and personal competence
- The use of positive peer pressure on youth and parents to convince them of the desirability of nonuse
- Offering special programs and activities (including facilitating Youth-to-Youth activities) as alternatives to drugs and alcohol to members and boys from surrounding low-income communities
- Cooperative networking with local resources, such as Youth-to-Youth, VISTA, the State Teen Institute, and the city recreational department.

During the second year, the Boys Club will expand its drug awareness campaign using the Boys Club Smart Moves Curriculum, facilitate youth participation in prevention activities within the larger Columbus community, recruit new members to participate in small groups and in the overall program, and work with community leaders and prevention specialists to develop an Inner City Teen Institute. The project will be replicated in a second low-income neighborhood. In addition, reports on the project and its achievements will be disseminated to national organizations for youth, including Boys Club of America, the YMCA/YWCA, and Boy Scout and Girl Scout Councils.

The Boys Club is an excellent vehicle for bringing prevention and education to a hard-to-reach population of high-risk youth and their families. This organization has great credibility among disadvantaged youth; these young people are often "loners" who have special socialization needs that are addressed in the small Boys Club groups and drug-free activities. This project empowers youth, families, and other community members by involving them all in efforts to prevent alcohol and other drug use. As the project is replicated in other low-income communities, with results distributed to other national youth organizations, a widespread positive impact on alcohol and other drug use will be possible.

PROJECT: Alcohol and Drug Abuse Prevention Project for Pregnant Teens

AGENCY: The Salvation Army
Booth Memorial Center
(nonprofit organization)
2794 Garden Street
P. O. Box 7023
Oakland, CA 94601
(415) 532-3345

CONTACT: Lois Lindsey, Project Director

TARGET POPULATION: 250 pregnant Black female teenagers per year aged 13-18.
Pregnant teenagers and their partners; low income; school dropouts; unemployed; parents.

PROJECT AREA: Large urban—parts of four Bay Area Counties

This project is aimed at educating pregnant Black teenagers about the harmful effects of alcohol and other drug use during pregnancy and about where they can get appropriate treatment if they have problems with alcohol and other drugs. A project service is to refer these teenagers to where they can get prenatal treatment and support.

Project staff has trained 10 teen advisors—peers of the target population who include teen parents—to make presentations about the adverse consequences of using alcohol and other drugs during pregnancy. These three-session educational presentations are conducted with the project's education and prevention specialist at school programs for pregnant teenagers, during pregnant teen support groups, and at parenting classes. The teen advisors advise the professional project staff on all aspects of the project and assist in facilitating educational sessions. To reach pregnant teenagers outside the school system, teen advisors have made wall posters urging pregnant teens not to use alcohol or other drugs. Six thousand of these posters are being distributed in communities with large Black populations.

An advisory council of 11 members has been convened by the project's staff to provide guidance. This group also ensures that the program and its materials are effective and sensitive to the needs of their target communities.

This project benefits not only pregnant teenagers but also the teen advisors, who acquire transferable, marketable employment skills, positive work experience, and higher self-esteem. The model's effectiveness in training teen advisors and getting pregnant teenagers to stop using alcohol and other drugs will be evaluated, along with the impact of the wall poster on a high-risk population.

This project addresses the needs of an underserved group—pregnant teenagers—who receive little prenatal care except during the last trimester of pregnancy and little if any education about the harmful effects of alcohol and other drugs on their unborn children. The project staff has developed a training model and a peer education model that can be replicated in other Black communities throughout the country.

PROJECT: Athletes Coaching Teens for Substance Abuse Prevention

AGENCY: Virginia Commonwealth University
Department of Psychology
(higher education institution)
808 W. Franklin Street
Department of Psychology, Box 2018
Richmond, VA 23284-2018
(804) 367-9303

CONTACT: Steven J. Danish, Project Director

TARGET POPULATION: 100 high school students and 1,420 middle high school students annually.
Primarily Black; low-income, single-parent households.

TARGET AREA: Large urban—city

Athletes Coaching Teens (ACT) is a school-based prevention problem for seventh grade students. The project is a collaborative effort between the Department of Psychology at Virginia Commonwealth University (VCU) and the Office of Planning and Development of the Richmond City Schools. The ACT program is directed at preventing and changing high-risk behaviors, such as alcohol and other drug use, unsafe sex, truancy, and delinquency. The focus of the program is on teaching students "What to Say Yes To." Over the course of seven workshops, students are taught the importance of dreaming and how to turn their dreams into goals. They learn how to develop plans to reach goals and how to overcome roadblocks to their goals. The overall program objective is to increase goal-directed behaviors while decreasing goal-compromising behaviors.

The ACT program is delivered by high school student-athletes. These students are chosen by their schools for their athletic involvement, academic performance, and leadership qualities. They receive special training provided by the ACT staff with the assistance of VCU college athletes. ACT student leaders conduct the seven workshops for groups of 15 to 20 middle-school students.

In addition to the ACT program, the "SMART" program, which has a different prevention philosophy, is being conducted as a comparative program. The SMART program was developed for the Boys Clubs of America and incorporates elements from the Life Skills Training Program developed by Gilbert Botvin. School assemblies (referred to as Inform) are conducted by professional and Olympic athletes who discuss excellence and the jeopardies of drug involvement. Seventh grade students are assigned to one of four intervention groups: ACT, SMART, Inform, or control group. The ACT and SMART programs are conducted within the health and physical education classes.

Every seventh grade student completes a survey in the fall and again at the end of the school year. The survey assesses aspects of the student that would be expected to change as a result of participation in the prevention programs. The survey includes measures of information taught in the programs, frequency of positive and negative behaviors, self-esteem, coping, self-efficacy, environmental influences, and expectations for the future. These students participate in a followup survey during eighth and ninth grade.

The ACT program has developed a comprehensive leader's manual, student workbook, and assessment battery entitled LIVE (lifestyles, interests, values, and expectations) appropriate for inner-city youth. The design of these materials makes the program replicable in other sites.

A community advisory board provides information and guidance for the project staff. The board consists of individuals from the school system, media, business, and city agencies. Athletes Coaching Teens attempts to help students recognize that their current behaviors may jeopardize or enhance their ability to reach their future goals. The underlying premise of the ACT program is that when students know what they want and know how to attain it, they are more likely to feel a sense of personal control and confidence for the future.

PROJECT: Adept Drug and Alcohol Community Prevention Project (ADACPP)

AGENCY: New Orleans Public Schools
(school district)
4100 Touro Street
New Orleans, LA 70122
(504) 286-2836

CONTACT: James Lloyd, Ph.D.

TARGET POPULATION: 1,000 Black children per year, aged 6-12.
Low income; latchkey children; parents.

PROJECT AREA: Large urban—city

ADACPP is a primary level alcohol and other drug use prevention program operating in 40 elementary schools, 24 of which are in low-income areas. This project expands on a previously existing prevention model created and administered by ADEPT and previously funded by the State of Louisiana. Services are provided through a three-component design:

- Model A Prevention Sites in which children participate daily in 2-hour sessions that focus on (1) developing positive self-concept, (2) developing decisionmaking skills, (3) values clarification, and (4) providing alternatives to alcohol and other drug use.
- Model B Prevention Sites in which children participate in weekly 2-hour sessions that focus on the same issues as Model A sites.
- Community Outreach/Parent Involvement in which parents of ADACPP children participate in weekly visitation day activities, monthly parent group meetings, biannual advisory council meetings and annual parent workshops/student assemblies

This project is developing a cadre of teachers, parents, and professionals capable of creating a citywide alcohol and other drug awareness network. ADACPP will demonstrate that its prevention and intervention strategies work well with students in grades K-6, and that elementary school is the place to begin this type of program and that latchkey children comprise a high-risk target group. Before ADACPP, no such programs existed for elementary school students other than those for children enrolled in the previous, State-funded version of the ADACPP model.

Early Intervention Projects

PROJECT: Together Against Drugs (TAD) Early Intervention Project

AGENCY: School District, City of Flint
(school district)
923 East Kearsley Street
Flint, MI 48502
(313) 762-1690

CONTACT: Dolores Ennis

TARGET POPULATION: 90 Black youth aged 12-14.
Children of alcohol and other drug abusers; at risk of dropping out; gateway drug users; low income; parents.

PROJECT AREA: Large urban—city

TAD was developed and designed by the Flint Community Schools in cooperation with the Beecher Community School District and the Genesee County Commission on Substance Abuse Services. The project provides intensive early intervention for high-risk seventh graders in three middle schools (30 at each school), with the aim of detecting and reversing these children's involvement with the gateway substances that frequently lead to more serious alcohol and other drug problems in later years.

Intervention is based on a social influence/resistance skills approach that is most effective at the time young people are pressured to try drugs. Intervention strategies include facilitating a positive peer group experience; providing role models who are mature, caring adults; fostering a positive self-image; and communicating basic social values. The program offers participants a variety of cultural and recreational activities after school and on weekends, including field trips and a camping and wilderness course.

Action teams to implement the program include the school principal, teachers, the community school director, school counselors, Genesee County substance abuse counselors, community advisory council representatives, trained volunteers, social workers, and interested members of the community. Action team members are trained in alcohol and other drug awareness. The social workers give the participants individual counseling and contact their parents, many of whom are alcohol and other drug abusers. Case studies are developed on all participants to monitor their needs, academic performance, and behavior. Participants' parents are educated on the risks of alcohol and other drug use. When necessary, students and parents are referred to appropriate community agency substance abuse programs, and such community resources as Toughlove and Alateen are being brought into the schools.

It is expected that participants will increase their awareness of the risk of drug use and improve their self-image, academic performance, and communication with parents and others. Such changes may help the children stop experimenting with gateway drugs or lose any desire to use them.

This program's contribution toward preventing alcohol and other drug use is significant, because it involves intervening with children at an age when they are at high risk for future chemical dependency. This approach may prove the most effective way to reverse the trend of drug dependency in this and other inner-city populations.

PROJECT: "Images" Prevention Program

AGENCY: Models City Health Corporation
(community health center)
4900 Swope Parkway
Kansas City, MO 64130
(816) 923-5800

CONTACT: Diane S. Cleaver, Mental Health Director

TARGET POPULATION: 210 Black children aged 6-14
Economically deprived

PROJECT AREA: Large urban—inner city

This prevention program consists of a cultural arts curriculum, including music, drama, creative writing, art, and dance, targeted to children enrolled in established neighborhood recreation centers. These centers offer structured activities after school and during school breaks. Swope Parkway Health Center staff also provide alcohol and other drug education, interpersonal skill building training, positive self-concept building, assertiveness training, and communication skills development. Youth who use alcohol and other drugs receive counseling from program staff and are referred to other community agencies.

The University of Missouri School of Arts and the Charlie Parker Memorial Foundation for the Performing Arts assist in identifying art and music instructors. Alcohol and other drug abuse counselors and art instructors have been trained to operate the program. The applicant agency provides two alcohol and other drug use prevention specialists to train and assist these instructors with drug education, interpersonal skill-building training, communication skills, and positive concept development. These specialists do extensive community outreach as well as handling daily program coordination. Community outreach includes presentations before community groups, PSAs on radio, local talk shows on TV, and distribution of flyers and mailings to targeted neighborhood residents. Other program components include the following:

- Information to parents on alcohol and other drug use among youths and parent education groups
- Referrals for participants and/or parents as needed
- Early intervention for participants who have begun using alcohol or other drugs
- Educational information to the minority community regarding the causes and effects of alcohol and other drug use and addiction

This program provides participants with a variety of positive, creative ways to help them feel better about themselves and cope with life stressors while strengthening their resistance to negative peer pressure. Participants learn to enjoy many creative, drug-free activities likely to boost their self-confidence and self-esteem. Some skills that participants acquire may help them in the future. The program's support services to parents increase the likelihood that entire families will benefit.

PROJECT: Minority Early Intervention Project

AGENCY: Drug Action Center, Inc.
(nonprofit corporation)
P.O. Box Drawer 279
Williamsburg, VA 23187
(804) 253-0111

CONTACT: William D. Fagan, Project Director

TARGET POPULATION: 4,000 Black youth per year aged 10-19.
Economically deprived; delinquent (first offenders); gateway drug users.

PROJECT AREA: Urban and rural—two cities and two counties

This program provides alcohol and other drug treatment and early intervention services to youth involved in gateway drug use. Operated by Bacon Street, Inc., a private nonprofit corporation, the program is designed to identify youth using gateway drugs and prevent this early use from progressing to more serious problems with these and other drugs.

An advisory council of minority human services professionals and citizens help staff oversee and evaluate the project. This advisory council plays a key role in accessing other service organizations and targeted communities and in marketing the project.

Program services are provided by a full-time, trained minority intervention counselor and by other staff, including an outreach counselor, along with human service agencies in the target communities. Program components include the following:

- Chemical use education projects for all minority religious institutions, civic organizations, parent groups, youth organizations concerned about gateway drug usage, and representatives of the human services community
- Outreach in areas with concentrated minority populations
- Consultation services to family, friends, and others concerned about youth using drugs
- Individual, group, and family counseling to 25 identified users of gateway drugs in the first project year and 50 in the second year
- A community-based cultural and historical program delivered by volunteers for Black communities

The impact of this program on the target population and communities will be comprehensively evaluated. The advisory council's annual summary reports of the project's results are disseminated each year to other communities in Virginia.

Staff anticipate that youth directly served by the program will significantly reduce their use of gateway drugs, reducing the likelihood of these youngsters resorting to use of such drugs as cocaine or heroin. Interventions are made at the earliest possible time because of working agreements with the schools and juvenile courts.

The education projects are expected to have a positive impact on large numbers of people of all ages (about 4,000 during the first year) in the targeted communities and to promote community norms that strongly discourage chemical use and crime. This project fills an important gap in existing services for minority youth by protecting them from subsequent problems with alcohol and other drugs.

PROJECT: Early Intervention to Counter Adolescent Substance Abuse

AGENCY: Family and Medical Counseling Service, Inc. (FMCS)
(private agency)
2041 Martin Luther King Jr. Avenue, S.E.,
Washington, DC 20020
(202) 889-7900

CONTACT: Elliott Bovelle, Ph.D., Principal Investigator

TARGET POPULATION: 90 Black youth aged 10-17/yr.
Low income; gateway drug users; users of heroin and cocaine.

PROJECT AREA: Large urban—inner city (Anacostia)

This project uses an ecological early intervention treatment approach aimed at motivating high-risk adolescents to avoid using alcohol and other drugs and resorting to other disruptive behaviors that interfere with healthy personal development.

The ecological approach means that the treatment provided recognizes the effects on youngsters of their socioeconomic and cultural environment—that this environment significantly determines the individual youngster's self-image, values, attitudes, and behavior patterns. Intervention strategies include individual counseling, vocational counseling, job placement and advocacy procedures, cultural/educational stimulation, and help in using community services.

Project staff contacted 14 youth service agencies in the area to coordinate the project with existing services. Four agencies were selected for treatment sites: the Metropolitan Police Boys and Girls Club, Union Temple, Kramer Junior High School, and Operating Services Assisting Youth (OSAY). The five selected OSAY hub centers are located in public housing projects, each center having its own director and staff, who provide comprehensive youth services through cooperation with other agencies. The Metropolitan Police Boys and Girls Club follows the national approach of providing positive role models and recreational/service outlets for young people.

A project consultant in cooperation with FMCS staff is developing a training manual and training the staff (project supervisors, two family medical counseling services therapists as group leaders, and 12 coleaders representing two staff for each participating community agency). Staff are trained to assess clients; conduct individual, group, and family counseling; and provide educational counseling for program participants. Other training topics include giving advice, cultural awareness and enrichment, advocacy, and identification of and access to community resources.

The project is collecting the following types of data:

- Demographic data on adolescents at risk of alcohol and other drug use
- Comparative data on the characteristics of participants who benefit from the treatment program versus those who do not
- Data pertaining to dropouts

This project exposes adolescents living in a high-risk neighborhood to experiences that can improve the quality of their lives. If successful, this project could provide the means whereby high-risk neighborhoods can reduce their population of hard-core addicts. By reaching young people before they become chemically dependent, this project gives them a better chance to lead healthy, productive lives despite their socioeconomic and cultural environment.

PROJECT: Early Intervention Substance Abuse Program for High-Risk Youth

AGENCY: Coppin State College
(higher education institution)
2500 West North Avenue
Baltimore, MD 21216
(301) 333-7025

CONTACT: Lonnie E. Mitchell, Project Director

TARGET POPULATION: 800 high-risk Black youth.
Low income; delinquent; users of gateway substances; users of alcohol and other drugs.

PROJECT AREA: Large urban

Studies indicate a high prevalence of alcohol and other drug use among teenagers in Maryland, where the overall prevalence of drug use has risen by 50 percent since 1981. This program is designed to identify and intervene with high-risk youth who have begun using marijuana, cocaine, and other drugs to prevent them from becoming chemically dependent. Prevention strategies include peer counseling, education about alcohol and other drugs, and training in how to resist negative peer pressure. Target groups include youth in the community, in pre-adjudicatory and adjudicatory programs, on probation, or in a residential program. School teachers, counselors, and administrators are involved in all levels of program planning, implementation, and evaluation.

This program offers positive alternatives to alcohol and other drug use in order to change the individual's behavior. Participants are exposed to a variety of enjoyable, exciting, drug-free activities that satisfy their particular needs and interests. Trained peer counselors provide positive role models to participants whom they assist in avoiding alcohol and other drug use. Participants learn about the physiological, psychological, and sociocultural factors involved in alcohol and other drug use, and how to withstand peer pressure to use these chemicals. A training manual has been prepared for training project staff and peer counselors. Staff of the Juvenile Services Agency (JSA), a cosponsor of the program, and peer counselors have been trained in alcohol and other drug use prevention and intervention.

This program should help to transform schools from negative to positive environments for participating youth, thereby encouraging them to stay in school, to perform well academically, and to avoid alcohol and other drugs. Teachers and other school personnel are expected to have a strong commitment to this program because they have been involved in it from the start.

PROJECT: Early Intervention to Delinquent/Drug Using Adolescents

AGENCY: Philadelphia Psychiatric Center Department of Research
(nonprofit psychiatric center)
Ford Road and Monument Avenue
Philadelphia, PA 19131
(215) 877-6408

CONTACT: Alfred S. Friedman, Project Director

TARGET POPULATION: 105 young Black males aged 13-19.
Children of single female parents; gateway drug users; users of other drugs.

PROJECT AREA: Large urban—city

This early intervention program for juvenile delinquent drug users and non-drug users involves three cognitive-behavioral approaches—the Botvin Life Skills Training program, values clarification, and violence prevention. The program is designed to make a strong impact on participants who attend three sessions a week (6-8 participants per session) over a 24-week period. Parent training is scheduled to occur weekly. The program is organized and implemented in the two day-school centers of St. Gabriel's, a private nonprofit agency functioning under the auspices of Catholic Social Services of the Philadelphia Archdiocese.

The Life Skills Training component teaches participants problemsolving and decisionmaking skills, how to resist negative peer pressure and media influences, how to increase self-control and self-esteem, and how to develop healthy coping strategies for relieving stress and anxiety. Participants also practice interpersonal and assertiveness skills throughout the program. Professionally trained drug and alcohol counselors conduct the training assisted by selected peer leaders.

Values clarification teaches participants the importance and benefit of developing their own unique value system. Emphasis is on individual freedom of choice, healthy spontaneous growth, making informed choices, taking responsibility for the consequences, and respecting the values and rights of other people, societies, and cultures.

The program uses the violence prevention model developed by Dr. Deborah Prothrow-Stith. In 10 hourly sessions, participants learn how to examine their anger in a variety of situations and learn healthy constructive channels for its expression. These youngsters learn to identify key factors that lead to violence and the means to defuse or neutralize violence in conflict situations.

In parent groups led by trained professionals, a series of dyadic and triadic approaches are used in which the group leader serves as a consultant to the parent(s), who then act as primary behavioral change agents for their children. Group leaders help and train parents to reorient and modify their responses to their children's behavior toward prosocial goals. Parents are taught communication, negotiation, and problem-solving skills so that they can better cope with their adolescent children. Parents also learn about the adverse effects of alcohol and other drugs.

It is hoped that the project will break patterns of juvenile delinquency and chemical dependency among participants by teaching positive social skills and values and constructive strategies for dealing with conflict and stress. In addition, parents' participation should improve family relationships and provide a home environment that discourages delinquency and drug abuse. Program staff anticipate that at least 75 percent of participants will complete the program.

This program fills a gap in needed prevention/intervention services among high-risk youngsters at day-school centers. If successful, this program will not only benefit participants by enabling them to avoid lives of crime, violence, and drug abuse, but will also benefit their families and the communities that bear the cost of antisocial behavior. The program provides a unique opportunity to test the effectiveness of the Life Skills Training model with a new population of young people and to compare its effectiveness with the anti-violence/values clarification model.

PROJECT: Substance Abuse Prevention Demonstration Project

AGENCY: Temple University
National Institute of Adolescent Pregnancy and Family Services
(higher education institution)
1700 North Broad Street
Philadelphia, PA 19121
(215) 787-6208

CONTACT: Lulu M. Nix, Project Director

TARGET POPULATION: 50 Black families with children 9-12.
Economically deprived.

PROJECT AREA: Large urban—inner city

This project provides a Parenting Skills Training course to the parents of economically deprived children living in public housing projects and surrounding neighborhoods. These children are at high risk of having alcohol and other drug problems during adolescence. The project staff have developed a new curriculum to teach these parents the specific child management skills shown to reduce the risk of adolescent alcohol and other drug problems. The curriculum and the instructors are sensitive to the experience and world view of inner-city families.

The course consists of six weekly sessions followed by a reinforcement session 6 months later. Families are contacted during training to provide encouragement and reinforcement. Topics of the course include the following:

- Copying—parents as role models
- Communication—ways to talk and listen
- Closeness—understanding and affection
- Control—setting limits
- Checking up—monitoring and supervision
- Commitment—freedom, responsibility, trust
- Continuing—review, looking to the future

Project staff have sought active participation and support of inner-city religious institutions which recruit parents to take the Parenting Skills Training course and provide the facilities and ancillary services needed for successful delivery of the course. Training materials include the curriculum, trainer's manual, and a number of audiovisual aids.

This training course is expected to increase the parents' sense of competence and ability to influence their children toward healthy lifestyles. Children of participating parents will be less likely to associate with peers who use alcohol and other drugs or to use these chemicals themselves. In addition, parent-child relations will improve.

This project offers an innovative approach to alcohol and other drug use primary prevention by involving two of the most basic community institutions—family and religion. The course curriculum can be adopted in other communities across the country where there is concern for youth at high risk of becoming users of alcohol or other drugs.

Hispanics

Comprehensive Projects

PROJECT: Alamo Comprehensive Community Prevention Program

AGENCY: Alamo Area Council of Governments
(sub-State organization)
118 North Broadway, Suite, 400
San Antonio, TX 78205
(512) 225-5201

CONTACT: Martha B. Reyes, Principal Investigator

TARGET POPULATION: 1,014 Hispanic youth aged 8 to 14.
Children of alcohol and other drug abusers; low income.

PROJECT AREA: Large urban—citywide

This program aims to create cooperative working relationships among community groups, schools, and service agencies to achieve a comprehensive delivery system of alcohol and other drug use prevention, intervention, treatment, and rehabilitation for high-risk youth. Community professionals are trained to work with high-risk youth and chemically dependent parents to increase early identification of youth with alcohol and other drug problems, provide effective referrals, develop needed treatment and rehabilitation services, and coordinate the various services available to youth and their families. These professionals are given 3 days training annually on how to use the high-risk factors approach in making referrals, how to identify youth with alcohol and other drug-related problems, and similar topics. Directories of local alcohol and other drug abuse services are provided for referral purposes.

The program is also testing two culturally relevant interventions designed for high-risk children in two separate populations of Mexican-American youth, i.e., children of chemically dependent parents and neighborhood youth considered at high risk for inhalant abuse. The first demonstration project, the Villa Coronado Pilot Inhalant Abuse Prevention Program (PIAPP) includes weekly small-group sessions for children aged 8-13 dealing with the nature of drug dependency and how to avoid, decrease the use of, or eliminate the use of gateway drugs, including toxicant inhalants. The project also offers 12 monthly follow-up meetings with children and information and education meetings for parents on topics parallel to those presented to youth.

The second project, El Quinto Sol, offers weekly small-group sessions for youth aged 9-13, up to 24 monthly followup meetings, and at least three contacts with parents.

Data analysis of the program's outcome will document the effectiveness of the two pilot prevention projects on the youths' attitudes toward alcohol and other drugs; their intent to avoid, reduce, or stop using drugs; parents' and teachers' assessments of the youths' growth and development; and the usefulness of the high-risk factors approach in increasing screening, referral, and direct services to young people. Journal articles will be written to promote investigation, further study, and program development for the target population.

This program and its evaluation design will contribute significantly to knowledge about prevention with high-risk, low-income youth. Data will be gathered on demographics, peer group interaction, parental involvement, community mobilization, and the development of program models to change attitudes toward drug use.

Targeted Prevention Projects

PROJECT: Targeted Prevention for High-Risk Minority Preschoolers

AGENCY: La Frontera Center, Inc.
Child Family Center
502 West 29th Street
Tucson, AZ 85713
(602) 884-9920

CONTACT: Stephania O'Neill, Project Coordinator

TARGET POPULATION: 500 Hispanic children aged 2-5.
Children of substance abusers; children of abusive parents; low income; professionals working with preschoolers or alcohol and other drug abusers of any age.

PROJECT AREA: Small urban, suburban, and rural—part of county and city

This program trains counselors and professionals working with high-risk minority preschool children to detect early signs of future maladaptive behavior including alcohol and other drug use, so that they can implement appropriate interventions. Program staff are developing videotapes and a training manual as training aids. The videos are of children's play; samples of their art will also be collected. The manual will contain reproductions of the drawings and a descriptive narrative about the videotape.

These training materials are based on observation and videotaping of 32 at-risk and 12 not-at-risk preschoolers whose behavior can be compared and contrasted. Using a process of random review by outside child development experts, project staff will verify that the behavior identified in the play assessment conforms with what these experts view as representative of Eric Erikson's first three stages of psychosocial development. Project staff are devising a behavior ma-trix to classify categories of videotaped behaviors symptomatic of both types of preschoolers (at risk and not at risk).

Project staff will disseminate the early identification and intervention techniques to audiences who can play key preventive roles in the early child developmental process. In addition, training workshops will be presented to professionals at the conventions of State and National organizations in different parts of the country. The training materials can be used to train professionals in communities throughout the country.

This project addresses the serious gap in alcohol and other drug use prevention programs for children in their early formative years. Training materials will assist preschool caregivers and other professionals in recognizing high-risk behaviors that could lead to chemical abuse and dysfunctional behavior in later years, and in intervening with treatment or referrals to halt this destructive process. Counselors will be helped to distinguish between normal and abnormal development in preschool children.

Clinicians and practitioners working with these children will have a valuable new tool for understanding early childhood behaviors and the relationship of these behaviors to alcohol and other drug use later in life. Representatives from cooperating agencies who participate in training workshops will be better prepared to treat and make referrals for the at-risk youngsters they serve.

PROJECT: Prevention of Abuse of Substances of Arecibo (PASA)

AGENCY: Municipal Government Community Action Program
(city agency)
P.O. Box 1086
Arecibo, Puerto Rico 00612
(809) 878-5640

CONTACTS: Harry Rosario, Counseling Supervisor
Aida Lopez, Director for Community Action

TARGET POPULATION: 100 Hispanic children aged 8-17. Children of alcohol and other drug abusers; children of abusive parents; school dropouts or at risk of dropping out; gateway drug users; adolescent parents

PROJECT AREA: Large urban—city

This project is aimed at promoting early detection of risk and eradicating myths held by both youths and adults about gateway substances and alcohol and other drug use. The intent is to help prevent chemical use among low-income, high-risk youth in urban public housing sections of Arecibo.

Project staff are developing, testing, and using written and audiovisual materials in Spanish, including behavioral modification and social learning techniques developed by the University Technical College of Puerto Rico. These materials are being distributed to professionals serving high-risk youth to teach them prevention, early detection, and referral techniques, and how to coordinate their work with other agencies. Final materials will be disseminated islandwide and in Hispanic mainland sites.

The project involves training local professionals, including teachers, counselors, nurses, psychologists, and social workers, to detect early signs of alcohol and other drug use among youth and to use the prevention materials created by project staff. A group of 50 youth leaders, trained by project staff, will function as role models for their peers—a primary prevention tool in high-risk areas. The trained youth leaders then use what they have learned to educate their peers on the dangers of alcohol and other drugs. Project plans call for intensifying the training of these youth leaders and closely supervising their work as peer models on a weekly basis. Videos have been developed for use in training these peer leaders to interview high-risk youth to find out what their problems are. With the aid of a subcontractor, project staff have organized a theatre group of youth leaders. Plays depict life in public housing units and contain strong messages against the use of alcohol and other drugs. A workshop will be conducted in conjunction with the University of Puerto Rico to teach photography to youth leaders and youth. The photographs will be exhibited in a local gallery. Other services for high-risk youth include tutoring in English, Spanish, math, and science so that these youngsters can complete high school.

The project's primary contribution will be the development of practical training materials in Spanish that are culturally appropriate for Puerto Ricans. Project staff are also developing a directory of all the agencies that serve high-risk youth so that these agencies can better coordinate referrals and other services.

Recent research has revealed that peer pressure is the most important factor in the initiation and continuance of alcohol and other drug use among youth. This program will provide further data on the successful strategy of using peers to influence other teens to stop or avoid using alcohol and other drugs.

PROJECT: Primary Prevention of Drug Abuse by Child Abuse Victims of Families with Multiple Risk Factors

AGENCY: Department of Social Services of Puerto Rico
(State agency)
Child Welfare Division
Box 11398
San Juan, Puerto Rico 00910
(809) 722-4798

CONTACT: Gladys Altieri, Ph.D., Assistant Secretary
Secretariat of Family and Community Development

TARGET POPULATION: 50 Hispanic families with youth aged 10-13.
Children of alcohol and other drug abusers; children of abusive parents; low income; children with serious behavioral problems.

TARGET AREA: Large urban—regional

The Social Services Department of Puerto Rico is testing interventions to prevent alcohol and other drug problems among youth who are victims of child abuse or have serious behavior problems. Professionally trained and supervised volunteers are being matched with children who have one of these problems (50 families are expected to be served in 2 years). The project will draw on the experience of successful national child abuse prevention efforts by directing volunteers' efforts to upgrading parenting skills, filling parents' emotional needs, reducing their guilt, and improving their self-esteem. Volunteers are advocates for these parents, offering them social rehabilitation and nonjudgmental friendship. There are 50 volunteers working on a one-on-one basis, one volunteer per family. Preference is given to children under 13 years of age who exhibit multiple risk behaviors related to potential alcohol and other drug problems.

The program provides weekly individual interventions, parent support groups, and weekend summer family camps each year for at least 50 percent of the targeted families providing recreational, cultural, and alcohol and other drug education. Staff expects to prevent the initiation of drug and alcohol use by reducing the physical, sexual, and emotional abuse of children and improving the parent/child communication and parental capacity for dealing more effectively with child behavior.

This project will determine 1) whether changes in negative parental behaviors can be achieved solely through intensive intervention by trained volunteers; 2) whether negative behaviors can be changed more rapidly through volunteer services combined with a professionally led parent support group; and 3) to what extent changes in parental behavior will lead the children to avoid alcohol and other drug use and abuse over a 2-year period. This is especially important in a Hispanic community where mothers are viewed as primary parent figures, where there is general acceptance of parents' rights to discipline their children, and where people traditionally turn to alcohol and/or other drugs when their situations become intolerable.

PROJECT: Fetal Solvent Syndrome Preventive Intervention Pilot Model

AGENCY: Nosotros Human Services Development, Inc.
(private nonprofit)
301 South Frio, Suite 176
San Antonio, TX 78207
(512) 270-4574

CONTACT: Ricardo Jasso, Executive Director

TARGET POPULATION: 470 Hispanic/Latina females aged 13-16 and 2,490 community members and professionals. Pregnant adolescents; delinquents; parents.

PROJECT AREA: Large urban—citywide

This project is developing a comprehensive, community-based inhalant abuse model designed to decrease the number of Fetal Solvent Syndrome (FSS) cases among high-risk Hispanic/Latina female adolescent users and abusers of inhalants, and to prevent them from getting in trouble with the law. Project staff are developing two professional training programs on FSS for 300 healthcare and 300 nonhealthcare professionals. The curriculum contains four modules: (1) background on the services of Nosotros; (2) FSS definition and FSS program provided; (3) FSS identification and prevention (physical characteristics of an FSS infant are described in detail along with use of fetal alcohol syndrome prevention measures for the FSS); and (4) FSS intervention and treatment including individual, group, and family counseling, treatment modalities, and referrals. The nonhealthcare professionals get the same training but do not receive medical and professional publications on FSS or diagnostic evaluation instruments.

Project staff are designing and developing a public education program on FSS to reach 1,500 women of childbearing age, parents, friends, spouses, and grandparents. They plan to use such media as billboards, posters, brochures (e.g., "Do Everything You Can to Have a Healthy Baby"), newspaper and magazine articles, videotape presentations, and PSAs (TV and radio). Families are given written guides on preventing FSS and receive interpersonal interventions at home or at Nosotros upon request. They also get a list of resources for prenatal and maternity care relative to the FSS. Nosotros has also organized a Speakers Bureau of healthcare professionals, alcohol and other drug counselors, social workers, and teachers to inform the community about the adverse effects of chemical use and abuse.

Nosotros provides comprehensive outpatient services to high-risk adolescent females, including those who are pregnant or already mothers, through self-referrals or referrals from local mental health, youth services, or other community service agencies. Clients get individual, family, and group counseling, parenting skills training, and drug and alcohol education. Treatment and rehabilitation services are offered on a 24-hour basis in a 12-bed, community-based transitional living facility for adolescent females who are using inhalants. Clients receive clinical services, counseling, psychiatric counseling, and chemical abuse education and enjoy recreational and cultural activities.

Program staff is conducting research and obtaining factual information on FSS and inhalant abuse, including its effects on babies. Nosotros is establishing a database pertaining to the incidence and prevalence of the FSS in the service area, will monitor the extent of the inhalant abuse problem, and will assess use trends and patterns over the next 3 years.

This program will encourage academic research on the effects of solvent abuse on the fetus and child, challenge the medical community to develop and test diagnostic approaches for the prevention and treatment of FSS, and help break the cycle of inhalant abuse by eliciting support from parents, teachers, healthcare professionals, and the community.

PROJECT: Padres Project—An Education and Information Effort

AGENCY: Parents Association for Drug Rehabilitation
(nonprofit organization)
1213 Santa Fe
Corpus Christi, TX 78404
(512) 884-2646

CONTACT: Shelley Hinojosa, Program Director

TARGET POPULATION: 12,000 Hispanic children.
Preschool, elementary, junior high; socioeconomically disadvantaged.

TARGET AREA: Small urban—county

The Padres project is aimed at preventing the start of drug use and drug problems among preschool, elementary, and junior high school children and adolescents. The staff plans to involve parents, other family members, and teachers in the campaign to eliminate drugs from the community. Parent peer groups play a key role in the project by educating themselves and their children about drugs and by learning successful prevention strategies. Parent groups also work with schools, law enforcement agencies, and other community groups to develop local drug policies, plan community action projects, and help organize drug-free recreational and social alternatives for youth.

The project provides education and information programs in schools and community groups to raise people's awareness about alcohol and other drug problems and prevent their occurrence among youth. The Padres partner program provides 10- to 14-year-olds with positive role models of well-adjusted, competent, caring business or professional individuals.

Parent peer groups (small clusters of parents of schoolchildren) work to prevent and reduce alcohol and other drug problems among their children and others in the community. Padres/parent newsletters are distributed to all community centers and community groups in the target area. In addition, Padres has helped parents and other community members launch an action plan to stop illegal drug trafficking in Westside neighborhoods. This campaign has attracted the attention of law enforcement agencies, the media, and other concerned segments of society—thereby winning support for their struggle against drug dealers.

This project is intended to reduce young people's involvement in drugs, improve their school performance, and strengthen their ties with their parents and other members of their community. Law enforcement and drug treatment agencies are gaining greater insight into the problems of the Westside community. Thus far, the program has had a positive impact on a community that was previously viewed as a lost cause in Corpus Christi.

The Padres project has adapted strategies used in white, middle-class neighborhoods to combat drug use among the young. Padres has tailored these strategies to the unique social, economic, and cultural conditions of low-income, ethnic communities. It is based on the parent peer group mobilization model developed by Oakland Parents in Action, Oakland, CA, for low-income, minority communities.

Early Intervention Projects

PROJECT: Early Intervention with Hispanic Youth

AGENCY: COSSMHO (National Coalition of Hispanic Health and Human Services Organizations)
(private nonprofit)
1030 15th Street, NW, Suite 1053
Washington, DC 20005
(202) 371-2100

CONTACT: Paul Cardenas, Project Director

TARGET POPULATION: 9,000+ Hispanic children aged 8-12 and their parents.
Children of alcohol/drug abusers; parents.

PROJECT AREA: Large urban—multi-State

This national demonstration program is conducted by COSSMHO in conjunction with the federally sponsored "Be Smart! Don't Start!" prevention campaign. The purpose of this program is to establish the effectiveness of community-based education programs in reaching Hispanic children and their parents with alcohol use prevention messages. Project staff have developed a Hispanic component to this campaign to overcome the linguistic, cultural, and structural barriers that limit the impact of this national effort within Hispanic communities. "Be Smart! Don't Start!" has been adapted into Spanish and adapted through specific Hispanic subgroup focus groups. Hispanic celebrities representing the three major ethnic groups in the United States—Cuban-American, Mexican-American, and Puerto Rican—will deliver this message.

Demonstrations are being conducted in eight cities: Los Angeles, CA; Washington, DC; Miami, FL; and Ponce, Puerto Rico (four to be named this year). In each city, one or more school districts are targeted as priority areas. The project goal is to reach at least 9,000 students and their families in these school districts, which have a total of 36,000 Hispanic students. Early intervention materials have been distributed to students and their parents through the school districts, local community agencies, and by direct mail. Project materials will also be made available as a resource to State officials already working with the national "Be Smart! Don't Start!" campaign.

Project staff plan to evaluate the effect of project prevention materials on the knowledge and attitudes of children and parents about alcohol use and avoidance. Staff will notify State alcohol and chemical abuse agencies, school officials, and Hispanic community agencies about program results and guides for replication.

PROJECT: Central Coast Drug and Alcohol Abuse Diversion Program for Hispanic Youth

AGENCY: Nipomo Community Medical Center, Inc.
(private nonprofit medical center)
150 Tejas Place
Nipomo, CA 93444
(805) 929-3211

CONTACT: Ronald E. Castle, Executive Director

TARGET POPULATION: 200 Hispanic youth aged 13-18.
Children of alcohol and other drug abusers; low income; delinquent; gateway drug users.

TARGET AREA: Rural—parts of two counties

The Nipomo Community Medical Center serves mainly Hispanic farmworkers. The Center has developed a diversion program to reduce the current use of alcohol and other drugs by teenagers, in which community-centered intervention and followup services are provided for young people experimenting with gateway drugs. Referrals come from probation departments, the court system, community leaders, and family members. Project staff have established cooperative networks with the schools, which also refer participants to the program.

The program's long-term goal is to empower the community by transferring control over alcohol and other drug prevention from the Center to the people it serves. A program coordinator and two community organizations manage the program, which is primarily run by peer counselors and by an advisory board made up of community and agency representatives involved with teen alcohol and other drug abuse prevention. Program components include the following:

- Establishment of a community-based, culturally sensitive Citizens' Prevention Council to address the issues of Hispanic alcohol and other drug use prevention and intervention
- Identification, recruitment, and training of 10 community natural helpers and peer leaders in alcohol and other drug issues; these trained peers make presentations to raise awareness and elicit support for the project from the Hispanic community
- Conducting of ongoing alcohol and other drug use prevention groups and support groups for children of alcohol and other drug abusers by community helpers and peer leaders with the aid of project staff (peer leaders focus on dangers of alcohol and other drug use, driving while intoxicated, and smoking cessation)

In addition, project staff and the trained volunteers identify which members of the teenage participants' families have alcohol problems so that they can get treatment. The staff also conduct 9-week family groups for children of alcoholics, including individual counseling once a week, with 6 months of followup care. Upon completion of the program, participants receive counseling and such support services as job placement and information on health and hygiene. Pregnant teenagers get referrals for prenatal care and for assistance with teen parenting.

This project will enable the Center to increase its data base on alcohol and other drug use among Hispanic youth and to increase community cooperation and investment in prevention efforts designed to meet their specific needs. Most documented Hispanic intervention programs are designed for urban populations. This program will yield much-needed information on the particular problems facing rural populations and the incentive to provide rural Hispanics with more services.

PROJECT: Substance Abuse Prevention for Children Through Theatrical Education: Teatro Consejo

AGENCY: Youth Development, Inc. (YDI)
(nonprofit organization)
1710 Centro Familiar, SW
Albuquerque, NM 87105
(505) 842-0884

CONTACT: Cynthia Gomez, Program Director

TARGET POPULATION: 1,500 Hispanic Headstart children aged 3-4; elementary schoolchildren; middle-school students aged 10-14.
Low income; school dropouts or at risk of dropping out of school; unemployed; gateway drug users.

PROJECT AREA: Large urban and semirural

Children in New Mexico have a much higher tendency to use and abuse alcohol and other drugs at an early age than children in other States. This project uses the medium of theater to discourage the use and abuse of alcohol and other drugs. To provide a clearer understanding of alcohol and other drug issues, performers use dialog, music, and dance that incorporate indigenous cultural media of the Southwest. The Teatro Consejo interfaces with those services offered by the Early Childhood and Family Education Program for Hispanic Families (ECFEPHF), YDI's in-house component, and the middle schools of the Albuquerque public school system.

The overall purpose of this project is to provide positive cultural images that reach beyond the specific target group to the general population. This program has two components: puppet shows and live theater performances.

Puppet shows for 3- to 4-year-olds. All Teatro Consejo staff are trained by YDI in alcohol and other drug issues related to prevention and education of young children and family members. These staff perform with puppets, using the puppets to convey primary prevention messages that are appropriate to the linguistic and cultural needs of Hispanic families, whether monolingual or bilingual. Teatro staff work with the target group drawn from the ECFEPHF program and their parents and teachers, which provides an opportunity for ongoing exchange of information, training, evaluation, and identification of children at risk.

Project staff make followup visits to parents and siblings of ECFEPHF children, educating them about alcohol and other drug use prevention and assisting those with alcohol and other drug problems to get help from community service providers. Staff teach parenting skills to help parents reduce risk factors within their families.

A cross-cultural, bilingual theater group. This theater group uses the agency's in-house, high-risk population as teen peer models and performers to promote alcohol and other drug prevention and community awareness among young elementary schoolchildren. YDI trains a maximum of 15 youth as peer role models. This core group works closely with the theater director to develop and produce dramatic, theatrical teaching materials, plays, and skits focused on preventing alcohol and other drug use. These trained youth are not only positive peer role models in the community; being involved in theatrical productions also enhances their sense of social competence and self-confidence. The theater director and peer teen group provide an average of four presentations per quarter for students from families targeted as at high risk and for adult members of specific community groups.

Both the puppet and live theater performances are followed by discussions that expand and deepen the audience's understanding of alcohol and other drug issues. These sessions are used to discuss alternative strategies for coping with stress and to provide referral and community resource information. Performers refine and develop additional theatrical pieces based on needs that emerge during followup discussions.

PROJECT: Early Intervention for Hispanic Street Children

AGENCY: University of Maryland
Department of Psychology
(higher education institution)
College Park, MD 20742
(301) 454-6887

CONTACT: Forrest B. Tyler Ph.D., Project Director

TARGET POPULATION: 350 Hispanic youth.
Low income.

PROJECT AREA: Large urban—city

This project involves the collaboration of the Children's Outreach and Program Evaluation (COPE) group of the University of Maryland Psychology Department, with several youth outreach programs in Washington and its suburbs.

The purpose of this project is to provide assistance to homeless Hispanic youth at high risk of chemical dependency in the Adams Morgan section of Washington, DC. Program staff help agencies that are working with these youth find more suitable living situations and achieve a prosocial, healthy lifestyle. Hispanic youth and other youth from similar backgrounds have been trained as peer counselors to work with these street youth and provide them with positive role models.

In addition, program staff are developing a network to integrate their services to the target population with those of other community agencies serving high-risk youth. Program, educational, and training materials are being developed and disseminated to other community organizations working with high-risk adolescents.

The target population and youth leaders trained by project staff should benefit from the program. The effectiveness of this program depends largely on establishing networks to provide street youth with clothing, food, shelter, and potential educational or work possibilities. The program's success also depends on COPE's staff, youth leaders, and agency staff being able to convince these homeless youth that someone cares about them and is willing to make an effort to help them improve their situation.

This program affords staff a unique opportunity to document that homeless youth exist, that they are resourceful and have psychosocial capabilities, and that they need help from individuals and institutions to become potential social assets rather than social liabilities. At present, little information exists about the plight of Hispanic street children. In addition, no previous programs or program materials have been developed to work with this population in the Washington, DC, area. The data, educational materials, and program guidelines developed through this model demonstration can serve as a model for working with homeless children in other areas of the country.

PROJECT: Early Intervention: Peer Support Retreats

AGENCY: Amity, Inc.
(community action agency)
P.O. Box 60520
Tucson, AZ 85751-6520
(602) 749-5980

CONTACT: Peggy Glider, Project Director

TARGET POPULATION: 122 primarily Hispanic youth aged 12-15.
Gateway drug users; at risk of dropping out of school; low income.

PROJECT AREA: Suburban—city

MATRIX Community Services organizes intensive 48-hour peer support retreats for Hispanic students from three junior high schools in low-income neighborhoods. The retreat interventions are designed for youth who are using gateway drugs or who are becoming chemically dependent.

This program aims to decrease alcohol and other drug use among this population through a model, multicultural peer-support approach that assists these young Hispanics in developing the necessary skills to lead healthy lives. The retreat interventions focus on intra- and interpersonal skills such as goal-setting; decisionmaking; communication; resisting parental, peer, and societal pressure to use alcohol and other drugs; and problem-solving techniques. Large group activities include workshops teaching these skills and the following individual activities:

- Participants draw individual lifelines to help them focus on where they are and where they have come from.
- Participants write anonymous letters to their parents containing all the thoughts, feelings, and questions they cannot ask their parents in person and then discuss what they have written with program staff.
- Participants, with the help of staff and volunteers, develop short-term goals for a healthy, drug-free life.

Program staff give participants followup counseling 2 weeks after the retreat. In addition, followup meetings are held once a month for the next 3 months. Project staff help participants determine short- and long-term goals for drug-free lifestyles and how to meet these goals. Staff encourage participants to get involved in peer group seminars offered by the agency and to keep in touch with them. The ongoing followup support helps participants remain drug-free.

Retreat participants are selected by four early intervention specialists who represent the cultural and gender mix of the target population; these specialists conduct the retreats. Five adolescents in the final phase of a local alcohol and other drug residential treatment program serve as interns and positive role models during the retreat. Teachers and school counselors identify other positive adolescent role models, who also participate in the retreat.

The agency has counselors available 1 day per week in many Tucson junior and senior high schools. Classroom presentations, informal discussions, school newsletters, and other announcements inform teachers and students about when the counselor will be at their school and how the counselor can assist those students who have alcohol and other drug problems.

This program is expected to curtail drug use and reduce school dropout and delinquent behavior among the target population. Intensive work with these youth should produce a "ripple effect" among a much larger group as program participants become positive community role models. The program's outcome will be evaluated, with the program model and results being disseminated through the State Department of Education to school districts and agencies providing prevention/intervention services.

Native Americans

Comprehensive Projects

PROJECT: Comprehensive Demonstration Project High-Risk Youth

AGENCY: Rural Alaska Community Action Program (RURAL CAP)
(community action agency)
731 E. 8th Avenue, P.O. Box 200908
Anchorage, AK 99520
(907) 279-2511

CONTACT: Doug Modig, Project Director

TARGET POPULATION: 64,103 Aleut, Eskimo, and Indian children and youth, kindergarten through 12th grade.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts; pregnant teenagers; delinquent; mentally disturbed; suicidal; physically disabled, low income.

PROJECT AREA: Rural—regional

This project provides prevention, treatment, and rehabilitation services for Aleut, Eskimo, and Indian children and youth, among whom chemical addiction and suicide have reached epidemic proportions. These services are provided in collaboration with public and private sector agencies and native organizations at the State, borough, and village levels. This project aims to break the cycle of dependency and suffering caused by rapid forced acculturation by adapting the Canadian Natives' successful "Four Worlds" Project to the needs of the three targeted ethnic groups.

This project is being conducted in three villages populated by Aleuts, Eskimos, and Indians, respectively, and has the following components:

- RURAL CAP staff have conducted an indepth assessment of the problems, needs, and future hopes of the villagers based on individual and group interviews and a review of available data.
- Villagers play a key role in determining the course of month-long alcoholism workshops held with the aid of RURAL CAP staff.
- Project staff are developing, revising, and updating curricula based on the villagers' input. These materials include alcohol and other drug use prevention curricula that emphasize traditional cultural values for children and youth.
- Project staff facilitate month-long personal and community development workshops with high-risk youth, teachers, parents, elders, expectant parents, etc. These workshops promote maximum participation by the villagers.
- Villagers select a resident alcohol resource person to disseminate information and provide referrals when necessary. During the project's third year, the most capable resource persons will be trained to train other resource persons in their own village and in neighboring villages.
- RURAL CAP staff provide ongoing technical assistance to villagers after the initial month-long development workshops. Constant feedback from the villagers enables the staff to refine the program model.
- To maintain an extensive alcohol prevention network, RURAL CAP staff are publicizing and promoting this demonstration project to other community agencies, service providers, researchers, educators, and professionals throughout the State.

This project will serve as a model for replication in three "sister" villages during the second project year, and ultimately, in all remaining Native Alaskan villages. Residents will then have better access to more coordinated and comprehensive services.

PROJECT: Comprehensive Adolescent Alcohol and Drug Abuse Grant

AGENCY: Kodiak Council on Alcoholism
(nonprofit corporation)
P.O. Box 497
Kodiak, AK 99615
(907) 486-3535

CONTACT: William G. Herman, Executive Director

TARGET POPULATION: 240 Native American and other youth aged 10-18.
Children of alcohol and other drug abusers; low income delinquent; mentally disturbed; suicidal.

PROJECT AREA: Small urban—statewide

This regional adolescent intensive outpatient program, known as WINGS, is aimed at reducing the enormously high incidence of alcohol and other drug problems in Alaska. In addition to providing effective comprehensive treatment and rehabilitation services to youth, the project fosters new knowledge on how to reduce the severity of alcohol and other drug problems among the young. To achieve these goals, the Kodiak Council on Alcoholism is working with representatives from five community multiple service agencies.

The program has two phases. Phase I is an effective intervention with young people beginning to experience the effects of alcohol and other drug use. This phase consists of 7-day outpatient day care with class instruction in the mornings at the local community college. Lectures on chemical dependency cover such topics as treatment tools, the disease concept, the family trap, children of alcohol and other drug abusers, and the adverse effects of alcohol and drugs.

Phase II involves 5 weeks of intensive outpatient care for young people who have alcohol and other drug problems. Participants submit to an intensive evaluation and assessment process, including a psychological workup by mental health staff, and are then given individualized treatment if their primary problem is with alcohol and drugs. If not, the youth are referred elsewhere for appropriate care.

Two nights per week, participants' parents attend a 2-hour family skills training session and a family program that helps them deal with issues that come up during their child's treatment. Family conferences are also arranged before discharge. Parents and children who are chemically dependent are expected to attend Alcoholics Anonymous or Narcotics Anonymous meetings and to participate in supervised recreational activities one night per week.

Upon their child's completion of the program, parents must attend an exit meeting with the family counselor. They are also encouraged to participate with their children in the aftercare program to ensure that these children have a complete support system for continued recovery.

The program is expected to make a major contribution toward the reduction of alcohol and other drug use among Alaskan youth because of its links with other community service agencies. In addition, the program model will be disseminated for use in other parts of Alaska and in other States.

PROJECT: A Comprehensive Proposal for the Blue Bay Healing Center

AGENCY: Confederated Salish/Kootenai Tribal Health Department
(Indian tribe)
26 Round Butte Road West
Ronan, MT 59864
(406) 676-2770

CONTACT: Anna Whiting-Sorrell, Project Director

TARGET POPULATION: 2,000 Native American youth aged 10-20.
Children of alcohol/drug abusers; gateway drug users; unemployed; at risk of unemployment; abusers of alcohol and/or other drugs

PROJECT AREA: Rural—reservation

This project provides comprehensive prevention, healing, and rehabilitation services for high-risk youth based on a tribally unique healing modality that involves the entire reservation. The primary goals of this project are to foster personal recovery and create responsive community resources for high-risk youth and to break the intergenerational cycle of alcohol and other drug abuse in families.

Project components of the Blue Bay Healing Center include the following:

- Developing a culturally specific family/community assessment tool
- Client progression through residential treatment at the Blue Bay Healing Center based on a continuum of care specially developed for the Center
- Developing, implementing, and documenting a treatment model based on the values and strengths of the traditional Indian kinship system
- Training the following three groups:
  1. Center staff—to provide the best quality care
  2. Tribal elders and spiritual and cultural leaders—to develop a responsive, knowledgeable network of individuals committed to helping high-risk youth through drug-free activities, including one family activity per month
  3. Community members and service providers (including health care providers, social service agency staff, law enforcement personnel) in prevention and intervention strategies. These individuals also learn about dysfunctional family systems and the generational/cultural aspects of alcohol and other drug abuse and how to develop support networks for high-risk youth in their community.
- Development of a data base on the extent of alcohol and other drug abuse on the reservation and provision of clinically measurable treatment progress through the continuum of care for clients receiving services from the Center.

This project's involvement of the entire reservation and its culturally sensitive approach should promote individual, family, and community recovery from alcohol and other drug abuse and the cultural alienation that is one of its root causes. Community service providers will be able to identify young people at risk of chemical addiction and to intervene effectively on their behalf. In all, the project is likely to improve individual self-esteem and promote community recovery.

PROJECT: Indian Youth Group Home—A Chemical Abuse Intervention, Treatment, and Rehabilitation Program

AGENCY: Fond du Lac Reservation
(Indian tribe)
927 Trettel Lane
Cloquet, MN 55720
(218) 879-1227

CONTACT: Phil Norrgard, Project Director

TARGET POPULATION: 2,979 Native American youth aged 12-18.
Children of alcohol and other drug abusers; children of abusive parents; at risk of dropping out; delinquent; suicidal; low income

PROJECT AREA: Small urban, suburban, rural—reservation

Nearly 100 percent of the families on this reservation are affected by alcohol and other drug abuse. This comprehensive project provides a 6-12 month program of treatment and rehabilitation in a 12-bed residential group home to high-risk youth. The program is designed to return these youngsters to their homes, schools, and community with the ability to function properly.

Skilled professional counselors and paraprofessionals provide 6 months of comprehensive treatment in a group setting involving Indian and non-Indian community resources. Clients receive professional care and are taught traditional cultural values to improve their self-image about being Indian. These youngsters are provided with transportation for various reservation services and given in-house schooling. Tribal spiritual leaders organize drug-free activities, and in-house visits are scheduled for families once a week. Other activities for clients include hiking, biking, nature exploration, weight lifting, basketball, and other sports.

This project meets the special needs of Indian youth that are not adequately met by the existing system. Treatment services offer clients positive alternatives to alcohol and other drug abuse and a link to their community through cultural activities organized by tribal spiritual leaders.

PROJECT: Rocky Boy Community Action Team's "PRIDE" Project

ADDRESS: Chippewa-Cree Business Committee
Rocky Boy Schools
(residential school)
Box 620, R.B. Rte.
Box Elder, Montana 59521
(406) 395-4291

CONTACT: Edward Parisian, Project Director

TARGET POPULATION: 1,400 Native American children preschool through 12th grade.
Low income; delinquent; high-risk children; gateway drug users; parents.

PROJECT AREA: Rural—reservation

The PRIDE project of the Rocky Boy Schools is a comprehensive prevention approach targeted at male high-risk children and youth living on the Rocky Boy reservation. The project aims to reduce by 25 percent the incidence of drug and alcohol dependence among this population. PRIDE offers the following services:

- A minimum of 25 separate alternatives to drug-related activities provided on a daily basis through the Youth Center. The Center offers supervised cultural and recreational activities for specific age groups.
- Video education giving factual information on alcohol and other drugs, teen issues, and making positive life choices. PRIDE also provides a variety of alcohol and other drug use prevention seminars and related educational materials for all Rocky Boy students and community members.
- A monthly cultural activity at the Youth Center to instill young people's pride in their cultural heritage and reinforce their sense of identity.
- A comprehensive resource library created for Rocky Boy students and community members that focuses on how to prevent alcohol and other drug use and on related topics.
- Four sets of self-development services/workshops per academic year, involving development of a training plan and presentations to students.
- Development and implementation of a competency-based, culturally specific alcohol and other drug curriculum within the school curriculum.
- A set of four training activities provided to Rocky Boy students who need training in skills that will enable them to succeed at school and in their community. Each Rocky Boy student achieving 100-percent school attendance between 1988-89 will get a reward.
- Individual and group counseling to all Rocky Boy students participating in the PRIDE program, based on their needs. Chemically dependent students are referred for inpatient treatment and receive aftercare through networking with the care center, school, and local chemical dependency unit.
- A referral system for alcohol and other drug abuse referrals to and from other agencies and individual service providers.
- Positive peer pressure through trained Student Action Teams. The Community Action Team works with teachers and counselors to identify student leaders in primary grades and provide them with leadership and decisionmaking skills through quarterly training workshops.

This project is expected to reduce the high incidence of alcohol and other drug abuse, suicide, and teen pregnancy among the target population by offering positive alternatives to these life choices. It will also educate parents, community members, and tribal leaders about the seriousness and frequency of child abuse, suicide, and chemical abuse, involving the entire community, service agencies, and schools in the effort to wipe out alcohol and other drug abuse. The strength of this project lies in its multilevel approach to chemical abuse—an approach that involves not only the youngsters but also their parents, peers, schools, community, health care providers, and service agencies.

Targeted Prevention Projects

PROJECT: Standing Strong: Targeted Prevention for Indian Youth

AGENCY: Arizona Department of Education
Indian Education Unit
(State agency)
1535 W. Jefferson
Phoenix, AZ 85007
(602) 255-4391

CONTACT: Kathryn S. Begaye, Project Director

TARGET POPULATION: 150 Native American children aged 3-10 and their families.
Children of alcohol and other drug abusers; at risk of dropping out of school; low income; unemployed; gateway drug users; parents.

PROJECT AREA: Urban settings near reservations; Indian reservations

This project is designed to prevent the abuse of alcohol and other drugs by Native American youth and families—an extremely high-risk group. The Department of Education uses a "whole-child/whole community" model that involves collaboration with Indian parents, tribes, and community organizations serving young Indian children. This model addresses the unique characteristics of the target population and the high rate of rural-urban family migration by implementing prevention strategies among three representative groups:

- Newly arrived urban Indian children and families from rural reservations
- Indian children and families in a near-reservation urban setting
- On-reservation Indian children and families

The program includes parent-teacher-child partnership training in prevention/intervention strategies and training for parents in career awareness and development. Parents learn specific preventive skills for themselves and their children in a culturally relevant setting. Children become more aware of alcohol and other drug issues and explore them with parents and teachers. The family is made aware of available resources in the city.

At three target sites, teachers are being trained to implement early childhood prevention/intervention strategies. The training model emphasizes the validity of Indian culture and the critical role of Indian extended families in breaking the cycle of alcohol and other drug abuse. Parents of participants are involved in all aspects of the program, which aims to empower them to make healthy life choices. The parents provide constant input and advice to teachers implementing the program. The training curricula will be published and distributed locally and throughout the State of Arizona.

The strength of this program lies in its intervention with children at an early age, before they have begun using alcohol or other drugs. Teacher-parent-child partnerships are likely to improve communication and relationships among the partners, benefiting each of them. Teachers will have more responsive pupils; children will be less likely to drop out of school or to become involved in alcohol or other drugs, while their parents will acquire the self-confidence necessary to take greater advantage of life's opportunities. Another strength of this program is its involvement of the tribes, community leaders, community service agencies, and the schools, thereby gaining valuable support for program goals while empowering the entire community.

PROJECT: Ojibwe Trails

AGENCY: Bad River Band of Lake Superior
(Indian tribe)
P.O. Box 39
Odanah, WI 54861
(715) 682-5852

CONTACT: Robert Dashner, Project Coordinator

TARGET POPULATION: 250 Native American children under 18.
Children of alcohol and other drug abusers; school dropouts; low income; chemical using children.

PROJECT AREA: Rural—reservation

This program provides primary prevention activities of cultural relevance aimed at enhancing young people's pride in their cultural heritage and sense of personal identity, thus reducing the likelihood of their use of alcohol or other drugs. These activities are conducted in small groups under the guidance of tribal elders, spiritual leaders, and medicine men.

The program sponsors health-enhancing activities from traditional Ojibwe culture: language, history, drumming, song and dance, arts and crafts, beliefs, values, and spiritual ceremonies. In the Ashland, WI, schools, classes on Ojibwe culture are taught by Ojibwe Trails staff, and Ojibwe Trails youth have demonstrated traditional dress and dance to the schools' students, teachers, and administrators. The program also offers such outdoor activities as camp workshops, in which participants learn traditional customs, ceremonies, and other aspects of Native American culture. Home visits to parents explain the program and encourage their involvement. Thus far, about 30 parents are serving as volunteers, instructors, chaperones, and observers in the program.

News releases, local newspaper articles, and radio announcements publicize the program. An Ojibwe Trails brochure has been developed and distributed throughout the community, to other reservations, to State officials, and other area agencies.

This program will enhance the cultural identity of Native American youth through learning and participation and create a healthy balance between individuals, their families, the community, and the physical environment.

PROJECT: Targeted Prevention for High-Risk Alaskan Village Youth

AGENCY: Tanana Chiefs' Conference, Inc. (TCC)
Mental Health Programs
(regional Native corporation)
1302 21st Avenue
Fairbanks, AK 99701
(907) 452-2446

CONTACT: Michael G. Graf, Ph.D., Principal Investigator

TARGET POPULATION: 4,500 Native American children and youth aged 5-20 (primarily Athabascan).
Children of alcohol and other drug abusers; children of abusive parents; pregnant adolescents; low income; delinquent; suicidal; alcohol and other drug users.

TARGET AREA: Rural—approximately 36 TCC region villages

The goal of the TCC, a regional Native community corporation, is to reduce alcohol and other drug use among youth in this rural and isolated region of north Alaska, where most small villages are accessible only by boat, snowmobile, or plane. Designed to be compatible with and to complement the culture and social organization of the tribal communities, this project provides experiences and opportunities that are both drug free and serve as learning and growth experiences.

The project develops participants' social, physical, economic, and intellectual competencies through a cooperative effort involving the entire tribal community. Activities include organizing such clubs as the Girl or Boy Scouts and 4H, and integrating these efforts with a regional economic development initiative. Village councils guide the development of plans to choose youth groups and group leaders. The project enhances participants' self-esteem and self-sufficiency by incorporating these youth groups into local economic development schemes, helping youth achieve their potential and become financially self-supporting. Local youth groups contribute to the financial stability of their communities and also acquire the knowledge and skills necessary for operating and continuing local development projects.

The project promotes cultural continuity and pride as opposed to the cultural alienation associated with alcohol and other drug use and other self-destructive behavior. At the same time, participants learn how to apply traditional Athabascan values to modern life experiences.

This Alaskan village project illustrates the importance of integrating cultural revitalization and economic development with prevention programs, because poverty and unemployment are closely linked to chemical abuse and to other types of maladaptive behavior in families and children. This approach benefits both participants and their communities by promoting individual and group self-sufficiency and pride in their cultural heritage.

PROJECT: Soaring Eagles—Targeted to American Indian Youth.

AGENCY: Indian Health Board of Minneapolis, Inc.
Social Center for Youth and Families
(private nonprofit organization)
1315 East 24th Street
Minneapolis, MN 55404
(612) 721-3765

CONTACT: Ellie Webster, Program Director

TARGET POPULATION: 125 Native American children and youth aged 3-20.
Children of alcohol and other drug abusers; at risk of dropping out or becoming pregnant; pregnant teenagers; low income; delinquent; mentally disturbed; suicidal; alcohol/drug abusers.

PROJECT AREA: Large urban—regional

Native American youth in Minneapolis are at high risk of becoming chemical abusers because most of them suffer from multiple risk factors, such as growing up in low-income households with parents who are alcohol or other drug abusers. The Soaring Eagles represent positive, chemical-free, value-based peer support groups facilitated by project staff in a cooperative effort between the Social Center for Youth and Families and a mental health clinic. The project is aimed at preventing the abuse of alcohol and other drugs by Native American youth. High-risk youth are self-referred to the project or are referred by school counselors, parents, or friends.

These support groups provide an environment in which individuals can grow and develop leadership skills, develop social skills, and find constructive alternatives to experimentation with drugs and alcohol. Participants interact with positive adult role models, participate in community service projects, and learn about cultural values, decisionmaking, goal setting, and being responsible community members. Youth participants attend monthly family events, an annual family retreat, and take part in a challenge to achievement that provides incentive awards for academic achievement, school attendance, and leadership skills.

Participants are likely to demonstrate a renewed sense of self, family, and community and to reduce or stop the use of alcohol and other drugs. They will acquire a greater understanding and appreciation of traditional cultural values. Participants have helped make a video newsletter about Soaring Eagles and two other Minnesota programs that will be distributed to county commissioners in Minnesota. It is anticipated that 75 percent will maintain or improve their grades and attendance at school.

Studies indicate that young people are significantly helped by an external support system that encourages and reinforces their coping efforts and inculcates positive values. Also, young people's coping skills improve when they have an achievement orientation, positive self-concept, a more internal locus of control, and adequate communication skills. The Soaring Eagles project is designed to provide this type of support in the lives of participants.

Early Intervention Projects

PROJECT: Alcohol and Other Drug Abuse (AODA) Prevention to Targeted Indian Families

AGENCY: Lac du Flambeau Band (Chippewa Health Center)
(Indian tribe)
Box 67
Lac du Flambeau, WI 54538
(715) 588-3303

CONTACT: Alton "Sonny" Smart, Project Coordinator

TARGET POPULATION: 242 Native American children aged 6-12 and their parents.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts or at risk of dropping out; low income; mentally disturbed.

PROJECT AREA: Rural—reservation

The AODA program seeks to reduce and prevent chemical dependency problems in Native American families through revitalizing cultural values and traditions in those who participate and strengthening the traditional roles of elders in both family and community. It applies Ojibwe cultural values and traditions to family living to promote positive lifestyles inconsistent with alcohol and other drug abuse. Parents take part in a 24-week program which includes a Parent Education Program that emphasizes Native American childrearing practices and beliefs and an Ojibwe language training course that facilitates the transmission of Indian culture to the children. Children meet weekly with members of the Elders Reservation Council for cultural activities, ceremonies, and celebrations and for instruction in the Ojibwe language (both 20-week courses lasting 6 months each).

Families also participate with members of the Tribal Elders Council in weekly cultural gatherings and a week of cultural celebration at the end of each project year. This project marks the beginning of a 10-year plan for family recovery from alcohol and other drug abuse and a vision of 50 years of individual, family, and community wellness at Lac du Flambeau.

During the second year of this project, a program development specialist will develop written materials and curricula for all program components; these will be available for other projects. These materials will include program curricula and facilitator's manuals for parents, children, Elders' Councils, and language instruction.

Expected outcomes of this project include a significant reduction in the incidence and prevalence of alcohol and other drug abuse among participating families. About 75 percent of parents will show a reduction or lack of problems with alcohol after starting the program and 80 percent of children in the program will not be using alcohol or other drugs.

This project will demonstrate the importance of cultural revitalization in reducing chemical abuse among Native Americans. Evidence suggests that the heaviest alcohol and other drug users among Indian youth are from broken or unstable homes that did not emphasize traditional Indian family lifestyles. The project addresses this problem by helping families learn about their cultural heritage and applying it in daily family life. This approach has relevance for other Ojibwe tribes and will provide a model for other Native American communities across the Nation.

PROJECT: Early Intervention for Indian Children in Substance Abuse—Demonstration Project

AGENCY: Shoshone-Bannock Tribal School
(Indian tribal school)
P.O. Box 306
Fort Hall, Idaho 83203
(208) 785-2080

CONTACT: Gary R. Brownley, Project Director

TARGET POPULATION: 100 Native American youth aged 13-18.
Children of alcohol and other drug users; school dropouts; delinquent; mentally disturbed; suicidal; currently using or abusing drugs; parents.

PROJECT AREA: Rural—reservation

This school has developed a comprehensive pilot project for students to reduce their use of alcohol and other drugs, reduce their alienation and high dropout rate, and improve their academic performance.

Project intervention teams identify and access participant students who attend special classes during the year. Students referred by teachers and administrators receive alcohol and other drug awareness education. They take a class dealing with health, alcohol, and other drugs taught by a project counselor under the supervision of the science teacher. Class topics include self-esteem, cultural identity, life skills, and the dangers of drug use. An educational specialist tutors and conducts group counseling and has set up an Alateen group. This specialist plans to develop Alcoholics Anonymous and Al-Anon groups. The project counselors give students and their parents alcohol and other drug counseling and are conducting a young women's and men's support group. Students are referred for local treatment when necessary. After participating in the program, students receive followup services for a maximum of 90 days. Project staff monitor individual progress through regular meetings with students and parents.

Parents participate fully in the project. They attend three workshops given by qualified educational consultants on such topics as alcohol and other drug issues, cultural values clarification, needs assessment planning, improving communication, and parents as models of culture. Parents also serve on a child advisory board to assist staff in developing resource materials for use in the project.

The program sponsors special parent/student activities to improve academic performance (for example, the children record tribal stories and legends told by their parents or elders). In addition, program staff arrange visits to historical sites on the reservation, and parents and elders assist in classroom instruction on tribal culture and history.

This program should improve academic performance and reduce alcohol and other drug use and cultural alienation among participants. Parental involvement is likely to improve the quality of family life for program participants and to give parents a greater sense of control over their children and their own lives.

PROJECT: Cherokee Challenge Early Intervention Project

AGENCY: Cherokee Center for Family Services
(nonprofit community agency)
Acquoni Road, P.O. Box 507
Cherokee, NC 28719
(704) 497-9101

CONTACT: Gil Jackson, Project Coordinator

TARGET POPULATION: 80 Native American youth aged 10-18.
Low income; delinquent; involved with gateway drugs; abusing alcohol and/or other drugs.

PROJECT AREA: Cherokee Indian reservation

This project is aimed at preventing gateway drug users from becoming chemically dependent. The project provides a cluster of support groups or "clans" that engage in a variety of educational, social, recreational, and cultural identification activities each week. These activities enhance the self-concept of participants and reduce their alienation by revitalizing their cultural heritage and getting them involved in their communities.

The three major components of this early intervention program are challenging wilderness adventures on weekends, education, and community service. Challenging outdoor activities such as the ropes course help build the physical skills, group cohesiveness, and self-concept of participants. The program's educational component teaches participants about alcohol and other drugs and their harmful effects, but also about the value of Cherokee culture, and such important social skills as resisting negative peer pressure. Community service involves helping the elderly or participating in community projects such as roadside and river cleanups.

To facilitate interagency involvement and to get client referrals, project staff have established cooperative relationships with local school counselors, treatment facilities, the U.S. Indian Health Service, social service and law enforcement agencies, and the court system.

This program should reduce the incidence of alcohol and other drug abuse among the target population, since it engages Native American youth in activities that enhance their self-esteem and sense of competence, improve their social relationships, and reduce their cultural alienation.

This project's culturally sensitive yet challenging intervention approach could be replicated easily for other Native American tribes and other minority groups.

White Americans

Targeted Prevention Project

PROJECT: Kids in Community Service (KICS)

AGENCY: Washington County Youth Service Bureau
(private nonprofit organization)
P.O. Box 627, 38 Elm Street
Montpelier, VT 05602
(802) 229-9151

CONTACT: Amy B. Eilers, KICS Coordinator

TARGET POPULATION: 150 white youth aged 13-15
Children of alcohol and other drug abusers; children of abusive parents; at risk of dropping out; latchkey children; low income

TARGET AREA: Rural—county

KICS is designed to prevent alcohol and other drug use among high-risk and delinquent youth in rural areas. In coordination with other area service providers, schools, courts, police, parents, and State agencies, this program enables participants to develop a healthy self-concept and needed life skills and to make a positive contribution to their communities.

The program operates weekly 2-hour educational peer support group meetings, challenging and recreational activities, and community service. Each peer group consists of six to eight teenagers who are self-referred or referred by schools, courts, social service agencies, or parents. Meetings focus on building group cohesion and developing communication and decision-making skills. Some other issues addressed in these meetings include: family and peer relationships, drugs and alcohol, sexuality, and expression of feelings. Participants plan community service and recreational activities. Every 6 weeks, the groups engage in a community service project, such as working with the elderly and/or providing services to local nonprofit organizations. Such recreational challenging activities as camping, hiking, and canoeing help youth see themselves as capable, worthwhile, and important members of a team.

Both high-risk youth and their communities benefit from this project—the former from improved life skills and self-esteem, and the latter from participants' community work. This model has great potential for replication in rural areas throughout the Nation.

Early Intervention Projects

PROJECT: Community Intervention Project

AGENCY: Portland West Neighborhood Planning Council
(community agency)
14 Sherman Street
Portland, ME 04102
(207) 879-8710

CONTACT: Joan Gauche

TARGET POPULATION: 50 white youth (38 males, 12 females).
Children of alcohol and other drug abusers; children of abusive parents; school dropouts; low income; delinquent; gateway drug users.

PROJECT AREA: Large urban—city

This project combines community-based vocational training with the services of a professional alcohol and other drug abuse counseling agency to provide early intervention services to identified gateway drug users. The project aims to demonstrate that teaching real-life marketable skills, combined with chemical use counseling and remedial support services, can effectively intervene in the lives of disadvantaged youth who are beginning to get involved with alcohol and other drugs.

The project enrolls high-risk youth in a series of six structured 15-week courses on remodeling technology, with training conducted in houses being renovated for rent to low-income families. These courses also cover social skills training, counseling, remedial education, and job placement. Upon completion of the courses, followup is provided on an individual basis to monitor job performance, assist in life skills management, and continue alcohol and other drug use counseling.

Students are taught preemployment competency skills once a week and go on a number of field trips (for example, students visit the South Maine Vocational Technical Institute campus and explore how to apply for admission). More than 10 community organizations and government agencies provide referrals and direct support services to the project.

Each participant receives a weekly evaluation for job performance, attitude on the work site, reliability, and ability to get along with others. Project staff monitor the youths' weekly progress in achieving competencies, work maturity, career decisionmaking, life/work management, and job-getting skills. Job performance is evaluated for 6 months after each participant has completed the project.

It is expected that 50 percent of the participants will decrease or maintain preenrollment levels of gateway drug use after graduation. Also, 50 percent of the graduates will be placed in jobs, training programs, or other educational programs within 3 months. Project staff provide followup placement services for a minimum of 3 months.

The Community Intervention Project offers a unique approach to chemical use by combining marketable skills training with early intervention counseling. The project's job training/placement component fulfills a basic need that is often neglected in alcohol and other drug intervention programs. Similar programs have produced positive results.

PROJECT: Drug Abuse Reduction Training (DART) Early Intervention Model

AGENCY: Washington County Youth Service Bureau, Inc.
(county agency)
P.O. Box 627, 38 Elm Street
Montpelier, VT 05602
(802) 229-9151

CONTACT: Michelle Lesnak, Project Coordinator

TARGET POPULATION: 1,500 white teenagers aged 14-19.
Children of alcohol and/or other drug abusers or of abusive parents; low income; delinquent; gateway drug users; users of alcohol and/or other drugs.

PROJECT AREA: Rural—statewide

A significant number of Vermont teenagers go to school or school functions and commit crimes while under the influence of alcohol or other drugs. Many existing alcohol and drug abuse services are not designed for these teenagers, who often lack education or support and opportunities for self-evaluation in a peer environment.

The Youth Service Bureau has addressed these service gaps through 27 DART programs serving youth in Washington County from 1984 to 1988. Parents, schools, and other social service agencies refer young people to DART programs. The agency has also held six statewide facilitator training workshops, given presentations at various Vermont training conferences, and provided technical assistance to individuals beginning new DART programs. Federal funding is enabling the Youth Services Bureau to expand its technical assistance and information dissemination effort.

The DART program consists of educational support groups that emphasize self-evaluation. Participants explore the adverse physical, emotional, and social consequences of chemical dependency and deal with the feelings arising from this knowledge. After a 1-hour screening session, participants receive 12 hours of group sessions. These are followed by a 1-hour individual interview for feedback and for referral to individual counseling or other services when necessary.

Besides providing a great deal of technical assistance to new DART programs, the agency has expanded its evaluation component so that the impact and effectiveness of the program can be measured and documented more accurately. Agency staff have encouraged local service providers to implement DART groups in every county of the State, particularly if they have completed the facilitators' training workshops. Staff also plan to disseminate information about the DART intervention model throughout the State of Vermont and nationally.

The DART program works because it takes into consideration the special needs of adolescents who have drug and alcohol problems or are at risk of becoming involved with these chemicals. DART gives participants the tools with which to understand chemical dependency and to understand themselves, so that they can make more positive life choices.

PROJECT: Project Impact

AGENCY: Integrated Research Services, Inc.
(higher education institution)
66 Club Road, Suite 370
Eugene, OR 97401
(503) 683-9278

CONTACT: Dr. Steven Ungerleider, Project Director

TARGET POPULATION: 8,973 white high school students in 13 high schools.
Gateway drug users; middle class.

PROJECT AREA: Small urban—regional

This project is targeted at high school students identified as gateway drug users. The goal of this project is to prevent the use or continued use of gateway drugs in order to protect these young people from alcohol addiction and use of other drugs such as heroin or cocaine.

Project staff train core teams to carry out intervention strategies in 13 high schools. Core team members include teachers, school administrators and other interested school personnel, and staff of community law enforcement and social agencies. Team members receive 4 days of training from National Training Associates over a period of several months. Trainees hear lectures on how to develop a comprehensive school drug policy and how to disseminate that policy, and see films on peer resistance training.

Role plays are used to demonstrate models for setting up peer counseling and peer support groups. Once trained, core team members apply what they have learned to the unique needs of their individual schools. Project staff then help these team members assess and meet individual school and community needs associated with adolescent alcohol and other drug use. These team members design procedures for preventive intervention and identify students who have alcohol or other drug problems, referring them to appropriate community resources for help.

Core teams work in a cooperative and advisory capacity in many areas of school and community life. These teams may assist the counseling staff to identify a drug problem, monitor the situation, involve parents and teachers if necessary, and make appropriate referrals. Core team members monitor program activities to make sure they are carried out properly and follow up on cases referred for inpatient treatment. They facilitate peer counseling sessions and student-to-student support groups and conduct training in peer resistance coping skills. In addition, core team members act as a community liaison. They contact human service and community agencies about diagnostic and treatment referrals and coordinate prevention efforts between schools and community members.

This project's comprehensive approach is likely to reduce the incidence of alcohol and other drug use among the target population, because it enables young people to resist negative peer pressure, provides positive peer role models, and creates a school environment that promotes healthy lifestyles. School drug policies and identification procedures make it possible to refer a larger number of youth in the early stages of chemical dependency. The earlier the intervention, the greater chance of its success.

Multiethnic - Minority

Comprehensive Projects

PROJECT: Comprehensive Greater Alliance of Prevention Systems (GAPS)

AGENCY: Illinois Department of Alcoholism and Substance Abuse
(State agency)
100 W. Randolph Street, Suite 5-600
Chicago, IL 60601
(312) 917-6432

CONTACT: Michael Rainey

TARGET POPULATION: 100,000 Black and Hispanic children, youth, adults aged 6-20+.
Children of abusive parents; pregnant adolescents; low income; delinquents.

TARGET AREA: Large urban—inner city

The Illinois Department of Alcoholism and Substance Abuse, in conjunction with a community-based lead agency, provided leadership and direction in the initiation of the GAPS project, a cultural and language-specific core package of innovative prevention, intervention, and treatment strategies targeted at the high-risk, inner-city youth of Chicago's West Side. The package includes such bilingual materials as radio and newspaper PSAs, posters, buttons, and brochures specifically designed to match inner-city culture.

The project's purpose is to provide a comprehensive, well-coordinated system directed at reducing alcohol and other drug use by changing the abuse-related attitudes and behavior of high-risk youth and their families. Project staff are developing and reinforcing networks for families and other social support systems through the intensive training of adult "impactors" in seminars for both parents and professionals, and through galvanizing areawide support against alcohol and other drug use. Interlocking referral relationships have been built between children and family service agencies, alcohol and other drug abuse agencies, health departments, and local business, religious, and recreational organizations.

GAPS has launched an areawide campaign against drugs, including a parade and rally. Project staff conducted an all-day peer leadership conference with more than 200 participants in which they helped youth and parents improve their decisionmaking skills and encouraged them to network with community agencies. They also conduct parents' workshops as well as 2-day drug and alcohol abuse prevention workshops that encourage participants to tackle the youth alcohol and other drug epidemic in their communities. These workshops are followed by 2-day trainings to help participants develop long-range goals and to promote their self-esteem and self-actualization. During the project's second year, trainees who mastered course materials will assist instructors in presenting the materials to new participants and will eventually become instructors themselves.

Project staff are developing materials that will be useful for other inner-city areas, such as training modules on mobilizing ethnic opinion leaders and on developing social competency skills, life skills, and social change/policy strategies. Pictorial caricatures for antidrug messages and a GAPS mascot are being produced in English and Spanish.

This project serves as a national model for assessing how coalitions among service providers and other significant community actors can be effective in providing comprehensive prevention, intervention, and treatment services to high-risk youth. The teamwork approach will benefit high-risk youngsters by closing gaps in services and by promoting a nonuse lifestyle that may yield a 25-percent reduction in youth alcohol and other drug use within 5 years. The project's flexibility makes it easy to replicate in other cities and to be adapted to different ethnic groups.

PROJECT: Children At Risk Parent Support Project

AGENCY: County of Rockland
Spring Valley Mental Health Clinic
(county agency)
80 North Madison Avenue
Spring Valley, NY 10977
(914) 425-8608

CONTACT: Philip Oliver-Diaz, M.S.W., Project Director

TARGET POPULATION: Haitian and Hispanic children aged 4-12.
Children of alcohol and other drug abusers; children of abusive parents; low income; parents.

PROJECT AREA: Small urban, suburban, rural—regional, county

Children of substance abusers (COSAs), especially those who are young, are often unrecognized in school, mental health, and community settings because many professionals lack the training to identify them. Also, staff from different service agencies may not be sharing knowledge and coordinating efforts to help these youngsters and their parents.

This program addresses these problems by developing guidelines for identifying high-risk children and giving them appropriate referrals. In addition, a training institute has been established to train cross-disciplinary assessment teams in Rockland and Orange counties. Team members initiate parent education/support groups and support groups for children of alcohol and other drug abusers. These professionals are trained to be culturally sensitive, and some are fluent in either French (for Haitians) or Spanish (for Hispanics), so they can reach families with cultural, language, or other barriers that hamper their access to available prevention and treatment services. Assessment team members also train indigenous staff to continue the support groups for these children and their parents.

For the service agencies involved, project staff conduct annual needs assessment and goals analysis, quarterly cross-disciplinary planning meetings, and annual regional planning conferences to identify and fill service gaps. A multicounty task force, headed by local county executives, has been created to review issues and needs of high-risk children and develop strategies to help them. Staff also develop workshops to improve collaboration between local community and State social services, probation departments, and family courts in the multicounty region.

This project will enable those working in alcohol and other drug abuse programs to assess the potential of two techniques for breaking the intergenerational cycle of alcohol and other drug abuse: (1) parent education/support groups for addicted parents and (2) identification and referral of preschool and elementary school COSAs. This new effort will also attempt to surmount the linguistic and cultural barriers that prevent Hispanics and Haitians from getting the services they need. Because of its multicounty coordination, the project should have a positive long-term impact over a large region.

PROJECT: Comprehensive Prevention, Treatment, and Rehabilitation Demonstration Project

AGENCY: La Nueva Vida
(nonprofit community organization)
P.O. Box 5739
Santa Fe, NM 87502
(505) 983-9521

CONTACT: Carl G. Boaz, Executive Director

TARGET POPULATION: 850 elementary to 12th grade Hispanic and Native American children. Children of alcohol and other drug abusers; children of abusive parents; at risk of dropping out; low income; delinquent; emotionally and mentally disturbed; suicidal.

PROJECT AREA: Small urban—rural

Community services are inadequate to deal with the critical problem of alcohol and other drug abuse in New Mexico, where the death rate from alcoholism is twice the national average. La Nueva Vida has formed cooperative networks with other community service agencies to provide a unified, multilevel approach to the epidemic of alcohol and other drug use among children and youth in Santa Fe and Espanola. Community core teams of service providers work with the agency, which has produced an up-to-date directory of comprehensive resources available in the target communities and throughout northern New Mexico. The agency has established formal agreements to work with the Santa Fe, Pojoaque, and Espanola public school districts, and with juvenile probation officers and mental health agencies.

La Nueva Vida provides alcohol and drug education for elementary school children, parents, and teachers in three school districts. High-risk elementary-age children also get weekly therapy. Parents and teachers have formed action core teams to explore ways to combat alcohol and other drug use and abuse. The agency also operates an 8-bed residential treatment center for 20 to 25 addicted adolescent females per year. The girls' parents participate in this treatment process. In addition, the agency provides outpatient intervention and treatment services to youth and families, consisting of individual, group, and family therapy given by bilingual therapists. La Nueva Vida staff meet regularly with the city task force to plan activities that can help reduce chemical abuse, strengthen family ties, and increase community cooperation.

This project will demonstrate the usefulness of a family-focused, culturally appropriate, community-based approach. La Nueva Vida's comprehensive program has increased the availability of services to high-risk children, youth, and families.

PROJECT: Comprehensive Student Assistance in Residential Settings

AGENCY: Student Assistant Services Corporation
(community agency)
300 Farm Road
Ardsley, NY 10502
(914) 674-0400

CONTACT: Ellen R. Morehouse, Executive Director

TARGET POPULATION: 1,200 primarily Black and Hispanic children and youth aged 12-19.
Children of alcohol and other drug abusers; children of abusive parents; delinquents.

PROJECT AREA: Large urban—city

This program provides comprehensive alcohol and other drug use prevention, assessment, and referral services to the youth who are in seven residential facilities because of crimes, abuse by families, or a history of mental health problems, including attempted suicide.

A professional student assistance counselor in each facility works with students individually, in small groups, and in classroom prevention activities. These counselors provide educational, counseling, assessment, and referral services to students. In addition, counselors train residential facility staff to identify students with alcohol and other drug abuse problems and those at high risk, and provide consideration to the treatment teams on modifying treatment plans to meet the needs of COAs and COSAs and adolescent chemical abusers, and refer, follow up, and coordinate aftercare for students with chemical abuse problems. Upon release from the facilities, students are directed to aftercare resources in their communities.

After project evaluation, results will be made known through professional publications and conference presentations. Project staff also plan to sponsor a conference and write articles for the professional community on low-income minority, high-risk children of alcoholics and other drug abusers.

This program is expected to prevent, reduce, or at least delay alcohol and other drug abuse among high-risk youth in residential facilities. This program offers the first documented attempt to provide comprehensive prevention, intervention, and treatment—based on the Employee Assistance Program model—to low-income youth in residential facilities.

PROJECT: Project Step Ahead

AGENCY: Fordham-Tremont Community Mental Health Center
Child, Adolescent, and Family Services
(private community center)
2021 Grand Concourse
Bronx, NY 10453
(212) 933-1500

CONTACT: Evelyn Sanchez, Principal Investigator

TARGET POPULATION: 475 Black and Hispanic youth 10-14.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts; pregnant adolescents; low income; delinquent; suicidal; mentally disturbed.

PROJECT AREA: Large urban—inner city

This comprehensive prevention, treatment, and rehabilitation program aims to decrease the incidence of alcohol and other drug use among high-risk youth in South Central Bronx. This area is plagued by extreme poverty, high crime, unemployment, high rates of drug abuse, teenage pregnancy, and increasing numbers of AIDS cases.

Project Step Ahead promotes: (1) high academic achievement and standards of conduct; (2) positive role modeling; (3) increased availability and accessibility of community prevention, treatment, and rehabilitation services through establishing a consortium of local community agencies that provide a wide range of services to high-risk youth. Project staff hold nine meetings per year with involved agencies and do monthly trackings of resource sharing and network evaluations.

Project staff work out individual treatment and rehabilitation plans with the participants and their families, offer family life skills training to 50 percent of the participants, and provide daily services to an average of 14 youth. The project has an educational support program that does assessments of participants' educational levels and operates a homework lab. During the summer, the program holds family cultural events and operates community beautification projects. A program manual is being prepared to facilitate replication of the project in other city settings.

This program's significance lies in its broad approach that addresses not only alcohol and other drug use but its underlying socioeconomic and cultural causes. Youngsters learn self-reliance through the educational opportunities offered them. They gain a mature sense of right and wrong and of their identities so that they can have positive relationships in adulthood. In all, this project offers a series of stimulating growth experiences for youngsters, their families, and the community.

PROJECT: Comprehensive Youth and Family Life Excellence Center

AGENCY: New Mexico Health and Environment Department
Substance Abuse Bureau
(State agency)
P.O. Box 968
Santa Fe, NM 87504-0968
(505) 827-2589

CONTACT: John DePaula, Principal Investigator

TARGET POPULATION: 460 Hispanic and Native American youth aged 8-15 and their families. Children of alcohol and other drug abusers; children of abusive parents; at risk of dropping out; pregnant teenagers; delinquent; parents of all categories.

PROJECT AREA: Large urban—statewide

The Comprehensive Youth and Family Life Excellence Center operates a prevention program based on the Hawkins social development model. This program serves high-risk youth and their families by helping them develop positive social skills that may delay and prevent subsequent drug use. Major program components include a statewide prevention network, life skills, parenting, and peer leadership. Young people and their families learn communication and leadership skills and how to make healthy life choices. Youth are taught social responsibility and how to resist negative peer pressure.

Project staff have established a statewide High Risk Youth Services Coordinating Committee consisting of health service providers and other professionals, businessmen, church officials, schoolteachers, youth, and parents concerned with improving services for high-risk youth. This committee meets monthly to share resources and give advice to project staff. Members are helping compile a statewide prevention resource directory.

The program has begun in Santa Fe, where the Hawkins curricula for children, youth, and parents are taught, and will be implemented in six counties. Project staff train local educators so that they can combine the three program components for parents, children, and peer leadership. Training will be made available statewide through workshops. Additional training will be offered at the October 1989 Statewide Conference. In addition, project staff are helping organize a Southwest Youth Leadership Conference planned for July 1989.

This program will improve the service delivery system for high-risk youth by means of its statewide network of service agencies and community organizations. Youth and parent participants will benefit from the life skills they have learned and their communities will benefit from reduced alcohol and other drug abuse. Evaluation of the prevention program's effectiveness will be achieved through a longitudinal study; data on each participant will be fed into a computerized tracking system.

This program will provide additional empirical data on a prevention model that attempts to delay the onset of drug use and to prevent continued use or abuse. The program will provide a major contribution to prevention knowledge by testing the applicability of the social development model to minority youth and families.

PROJECT: Turning Point East

AGENCY: Community Action Agency (CAA)
(nonprofit organization)
4030 N. Lincoln, Suite 101
Oklahoma City, OK 75105
(405) 634-0508

CONTACT: John Mayfield, Project Director

TARGET POPULATION: 4,000 Black, Hispanic, and Native American children and youth aged 4-18.
Children of alcohol and other abusers; at risk of dropping out of school; low income.

PROJECT AREA: Urban--city

Community Action Agency (CAA) is working with Oklahoma City Public Schools, Northeast YMCA, CAA's Head Start and summer youth programs, and the Johnson O'Mallory Indian Program to provide a comprehensive prevention, intervention, and treatment program tailored to the unique needs of the different minority target populations. This project aims to bridge the gap between prevention and intervention and to ensure that more minorities in need of prevention, intervention, and treatment will be served. CAA has also established networks with other community agencies, religious institutions, and professional groups serving youth at risk.

Program components include the following:

- Leadership training clubs
- An outpatient prevention, referral, and treatment center in an area easily accessible for the target population
- A student and employee assistance program
- A Head Start prevention and intervention program
- A Home Intervention Program (HIP) to prevent students with low school grades, numerous suspensions, and high absenteeism from dropping out of school. Volunteer social workers visit the students at their homes, conduct assessments, and give treatment referrals to both students and families. A study is being conducted to see whether the HIP program improves the school performance of participating students. Fifty HIP participants are being compared with 50 nonparticipants.

Teenagers are selected by project staff or the schools to join leadership training clubs organized for each minority group. Students get educational information on alcohol and other drugs, life skills training, and full support to realize their potential. These youth provide positive role models for their peers at risk of becoming chemically dependent.

Specific curricula have been developed for use with the different age groups of the target population. Staff in the involved organizations have been trained to conduct these courses. In addition to containing educational information on drugs and alcohol, these courses help participants to develop independent thinking, problemsolving, and other important life skills, and the necessary social skills to form positive relationships with others.

Student Assistance and Employee Assistance Programs provide informational, educational, and counseling services to youth whose performance is impaired by their addiction to alcohol or other drugs. A community alcohol and drug coalition has been established to give program staff the input and advice of key community leaders and neighborhood residents.

Targeted Prevention Projects

PROJECT: Project YES (Youth Esteem System)

AGENCY: Informed Families of Dade County, Inc.
(community nonprofit agency)
8500 N.W. 25th Avenue
Miami, FL 33147
(305) 691-0250

CONTACT: Dahlia Lockhart, Project Director

TARGET POPULATION: 1,200 Black, Hispanic, and Haitian children aged 5-9.
Children of alcohol and drug abusers; children of abusive parents; school dropouts; at risk of being dropouts; pregnant adolescents; low income; latchkey children.

PROJECT AREA: Large urban—inner-city neighborhood known as "Liberty City"

Youth Esteem Service (YES) is establishing a model primary prevention program for young children who are already at high risk of becoming alcohol and drug users and/or delinquent. The project targets children of four almost exclusively Black elementary schools in Liberty City, one of the heaviest drug trafficking areas in the county. During the second year, YES will be adapted for and implemented with children who are first-generation Haitians and will be later adapted for Hispanics.

The project teaches these youngsters the personal skills and attitudes they need to avoid alcohol and drug use and also aims to improve drug prevention skills of adults and agencies in the community. The project is coordinated with the school system and other community organizations.

YES's unique training approach is one element of a comprehensive program—Liberty 2000—initiated in early 1988. Liberty 2000 goals are to achieve collaborative assessment and coordination of the social, health, and education services in Liberty City to prevent crime and delinquency, teenage pregnancy, alcohol and drug abuse, dropping out of school, and a decline in test scores. YES is also involved with the Inner City Task Force—one of 24 community action teams—and in Task Force education activities like Red Ribbon Day, in drug fairs, and the speakers bureau. Project YES staff also recruit parents and representatives from target schools, religious institutions, businesses, civic organizations, and clubs to join the Task Force.

YES has designed and operates a primary prevention training program for adults who have an impact on at-risk children aged 5 to 9, such as parents and teachers. These trainees are being used to teach more than 500 at-risk youths how to avoid drug use. Project staff also train parents, teachers, daycare and after-school workers, religious leaders, and recreation workers to implement the YES training program.

Volunteers from throughout the community are trained to work individually with children on a set of self-esteem building and decisionmaking exercises. They also train teachers and other community individuals. In addition, eighth graders are being trained as peer counselors, using skills developed while participating in Project HOPE. Peer counselors are deployed on a regular schedule at community sites where youngsters gather. The counselors, of the same ethnicity as target youth, serve as positive role models.

The agency plans to elicit the media to publicize positive accomplishments of the target youth as well as the work of the Inner-City Task Force. The agency regularly features articles on YES in its newsletter and distributes press releases on special aspects of the project. YES workshops will be held at State and National prevention meetings. A YES training manual is being prepared along with articles on the project in journals and magazines. After the project has been evaluated, the agency will disseminate successful YES prevention strategies nationwide.

The significance of YES lies in its ability to empower the individuals who work with youngsters to make a difference in their own lives, in the children's lives, and in the community as a whole. This project activates the entire community to prevent alcohol and drug abuse and to work for positive social change, benefitting both individuals and the group.

PROJECT: Targeted Substance Abuse Prevention for Youth and Parents

AGENCY: Johns Hopkins University School of Medicine, Substance Abuse Prevention Project
(higher education institution)
1235 E. Monument Street, LL50
Baltimore, MD 21202
(301) 955-0094

CONTACT: Janet Gross, Project Director

TARGET POPULATION: Urban and/or minority children and youth aged 6-18.
Children of alcohol and other drug abusers; low income; parents.

PROJECT AREA: Large urban—city

This project is designed to slow, reduce, and prevent alcohol and other drug abuse among children of chemically dependent parents. It fills the gap between general alcohol and other drug education and treatment services by providing prevention services to at-risk children and youth and education to the community.

The children participate in a 10-week behavior skills/support group that uses a life skills training model; the children learn ways to enhance their adaptive coping skills to reduce the detrimental influences of alcohol and other drug abuse in the home. A concurrent 10-week parent skills training group is offered to nonaddicted parents. These parents are taught effective parenting skills, stress management, assertiveness training, communication skills, and how to optimize the child's environment. Adult and youth peer leaders are trained to co-lead intervention and maintenance groups to further establish community ties and to give the project continuity.

The program includes a series of 20 community-based education and training workshops on family alcohol and other drug abuse issues. In addition, program staff provide training to improve the identification and referral/intervention skills of caregivers who routinely interact with the target population. To maximize available services for the target population, staff are establishing an information clearinghouse and referral service for youth at risk and have developed a network of existing community resources. Training manuals have been developed that cover prevention skills training for parents and youth.

This program is expected to reduce the use of alcohol and other drugs by participants, because they will be better equipped to cope with the pressures that precipitate alcohol and other drug use. Participants will be supported by knowledgeable nonabusing parents capable of reducing the negative influences to which children are exposed. Parent-child relationships should improve, and the children should acquire greater self-esteem and social competence.

The strength of this program lies in its combination of effective prevention and intervention strategies for children of alcohol and other drug abusers and their nonabusing parents. Both parents and children learn how to cope effectively with a particularly difficult family environment so that their lives will not be marred by alcohol and other drug abuse or other problems related to living with the chemically dependent family member. In addition, the community-at-large, including caregivers, will become more aware of the dangers of alcohol and other drugs and of the special needs of children from chemically dependent families.

PROJECT: Targeted Primary Prevention Housing Project Demonstration Program

AGENCY: Glen Cove Citizens Committee Against Substance Abuse
(community action agency)
City Hall, Bridge Street
Glen Cove, NY 11542
(516) 676-2000

CONTACT: Tina J. Hament, Principal Investigator, (516) 676-2000
Danita Wright, Project Director, (516) 759-0240

TARGET POPULATION: 30 at-risk Black and Hispanic families with specific emphasis on single addicted women and their children.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts or at risk of dropping out; pregnant teenagers; low income; latchkey children; parents.

TARGET AREA: Suburban housing project

This project organizes prevention, intervention, and recreation activities in a public housing project. The project builds on previous activities that were organized by a concerned citizens'/ parents' association, United Parents Against Drug Abuse (UPADA). The project's primary goal is to create a sense of pride, self-esteem, and security among participating parents and children so they can cope without alcohol and other drugs.

A variety of activities have been implemented which are geared to 2- to 16-year-olds, e.g., "Homework Time", "Story Hour", Karate, Arts and Crafts, Video Projects, and African and Jazz Dance.

These activities are being run out of a community center that was renovated by volunteer parents and trained peer leaders. Peer leaders and trained housing community staff work on a daily basis to implement prevention programs. A park/playground is scheduled to be built in Spring 1989 with community assistance. Over 200 books are available in a library that was developed by the Project Director. Thirty concerned adults and parents received a 3-day drug and alcohol prevention training; they brought back three action plans to be implemented. One of these plans involved detailing the responsibility of service agencies to the housing community.

The Project Director has also implemented a lunchtime program at the local elementary school. In cooperation with the school district and the local alcoholism program, workers meet with 12 at-risk children for a 6-week period to promote self-esteem, teach problemsolving methods, and, in general, to enhance the social and emotional development of the children. Followup with youngsters is done at the community center with teachers, school social workers, and with parents.

A program for single addicted women, a lecture series, and an Alcohol Education Program will be implemented in the second year.

Project staff have provided continued technical assistance to trained youth and adults involved with UPADA and an active Tenants Council/Tenants Patrol. Staff have formed a network with community professionals so their expertise can be applied to the needs of housing project residents.

It is expected that this project will help reduce the rate of school dropouts, crime, chemical dependency, teenage pregnancy, unemployment, runaways, and suicide among preteens and teenagers in the housing project. This is because the project combines targeted drug education and outreach efforts with challenging drug-free and community activities likely to enhance the quality of life of community members. This project is modeled after Bertha Gilkey's successful work in the St. Louis housing project, which became drug free and safe through her community organization efforts. The project has used the expertise of Sara Lee McWhite (Director of Youth Services for New York City Housing Authority) of the New York City Marlboro Housing Project.

PROJECT: Targeted Substance Prevention/Intervention Networks in Schools (SPINS-PLUS)

AGENCY: New York City Board of Education
(school board)
C.E.S. 73, Room 314
1020 Anderson Avenue
Bronx, NY 10452
(212) 588-4721

CONTACT: Arthur Smith

TARGET POPULATION: 1,000 Black and Hispanic children and youth aged 8-15.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts; at risk of dropping out; pregnant teens; latchkey children; low income; parents of all categories.

PROJECT AREA: Large urban—inner-city school district

This primary prevention project is aimed at those children identified as being at highest risk in 17 elementary and junior high schools in District 9 of the South Bronx. The school population of 25,000 children is environmentally at risk in this poverty-ridden area, particularly since the crack epidemic has hit children in primary grades. Program goals include reducing the incidence of alcohol and other drug use and the risk that these youngsters will drop out of school.

Substance abuse prevention and intervention specialists coordinate inschool and afterschool program activities, including peer modeling by trained junior and senior high school students, student competitions to develop and reinforce positive school environments, classroom and assembly presentations, homework assistance, recreation, and individual and group counseling. The program also offers training workshops for parents on alcohol and other drug abuse, family living, sex education, and career awareness. Ten community agencies have participated in three training/networking sessions with program staff to:

- designate a contact person in each agency;
- learn more about risk behaviors and early detection;
- develop uniform referral guidelines;
- create a list of available resources;
- conduct a survey of local needs; and
- compile training materials and information.

Project staff will disseminate program results through lectures and writing to the network of 32 community school districts in New York City. Plans are to publicize program results citywide and statewide through presentations, conferences, and reports.

Program planners expect that participants' school attendance and academic performance will improve as a result of SPINS-PLUS. These improvements will be the evaluation measures used to gauge the program's success. In addition, this program should yield valuable information about the advantages of early intervention in schools with many high-risk students. Emphasis on inschool and afterschool components helps children to recognize and resist pressures on them to use alcohol and other drugs and helps community agency liaison persons to intervene effectively in helping those who succumb to these pressures. The program has potential for replication in other low-income communities.

PROJECT: Targeted Primary Prevention Demonstration Project—Substance Abuse Prevention Program (SAPP)

AGENCY: Roxbury Comprehensive Community Health Center, Inc.
(community action agency)
435 Warren Street
Roxbury, MA 02119
(617) 442-7400

CONTACT: Dr. Jeanne J. Taylor, Executive Director

TARGET POPULATION: 2,500 Black, Cape Verdian, and Hispanic youth and young adults 12-21.
Children of alcohol and other drug abusers; children of abusive parents; pregnant adolescents; low income; parents.

PROJECT AREA: Large urban area

Roxbury/North Dorchester is a lower social economic status neighborhood within greater Boston. The youth are at high risk for alcohol and other drug use, teenage pregnancy, interpersonal/domestic violence, and school dropout. Roxbury Comprehensive Community Health Center is collaborating with local schools, religious institutions, and social and community service agencies to provide an integrated network of prevention, intervention, and evaluative services for the community. SAPP seeks to reduce alcohol and other drug use through coordinated activities with these community institutions; this coordinated referral and treatment system will be responsive to the specific needs of the target population.

The program provides comprehensive education sessions to youth, including pregnant teens, parents, and key community members about the causes and consequences of alcohol and other drug use among the target population. Educational sessions are held in schools, community recreation agencies, and religious institutions. Pregnant teens learn about the adverse effects of alcohol and other drugs on the fetus and themselves. In addition, training sessions are given to youths, parents, and key community members on identifying high-risk youth, making treatment referrals, and undertaking specific prevention strategies. This training prepares participants to become prevention leaders and carry out prevention activities.

Teachers, counselors, social workers, and other professionals with limited formal training in chemical abuse are taught to identify high-risk youth and give them appropriate referrals and other assistance. They also learn effective prevention strategies.

This program is the only integrated network of prevention, intervention, and evaluation services in this part of Boston. SAPP's involvement of community service organizations will increase community awareness about the effects of alcohol and other drug use, particularly on unborn children, about where users can get help, and what can be done to prevent its occurrence. The project will also stimulate social support networks among community members; such support should relieve much of the stress that low-income people confront daily in their lives.

PROJECT: Boys Club Primary Prevention for Targeted Youth

AGENCY: Boys Club of America
(private nonprofit)
771 First Avenue
New York, NY 10017
(212) 351-5906

CONTACT: Errol Sewell, Project Director

TARGET POPULATION: 2,400 minority children/youth aged 6-18.
Children of alcohol and other drug abusers; children of abusive parents; children with alcohol and other drug problems; school dropouts or at risk of dropping out; pregnant teenagers; delinquents; low income.

PROJECT AREA: Large and small urban; multi-State

This pilot project, which has a youth development and primary prevention focus, targets five local public housing projects where 2400 high-risk children and youth live. Its purpose is to decrease use of alcohol and other drugs, vandalism, and other delinquent acts by high-risk youth in this population. Local Boys Clubs throughout the Nation have competed for grants awarded by the national office to set up pilot programs in their areas.

The project's youth development component involves activities that develop the sense of competence, belonging, usefulness, and influence necessary for high-risk youth to become productive citizens. Drug-free activities offered participants include sports, the pursuit of hobbies, and other forms of recreation. Participants also get academic and vocational education.

All demonstration sites are now operating and building networks of community agencies to expand available resources for these housing project units. Park and recreational departments, the U.S. Department of Agriculture summer food program, and the health and police departments have been contacted. School, probation, and alcohol and other drug abuse prevention agencies have also been approached to develop referral agreements.

Boys Clubs of America has a history of over 125 years' commitment and service to high-risk youth. This organization has the experience, capability, and commitment needed to organize a major effort on behalf of the country's highest risk, hardest-to-reach youth in public housing projects.

The Boys Club is working with the public housing authority to develop a replicable model for other boys clubs, youth organizations, and housing authorities. It is anticipated that 100 Boys Club youth development and primary prevention programs will eventually operate in public housing projects nationwide.

PROJECT: Targeted Prevention for Children of Substance Abusers (COSAs) of Parents in Methadone Maintenance Treatment Programs

AGENCY: Addiction Research and Treatment Corporation
(private nonprofit)
937 Fulton Street
Brooklyn, NY 11220
(718) 789-8873

CONTACT: Lewis E. Bingham

TARGET POPULATION: 180 minority parents; 120 minority children of drug abusers; 60 staff.

PROJECT AREA: Large urban—city

This primary prevention program serves minority children of drug abusers and their parents who are enrolled in six methadone maintenance treatment programs (MMTPs) and five freestanding MMTP clinics located in inner-city areas of New York City. It provides direct intervention and case management services to children who do not have alcohol and other drug problems.

The goal of this project is to demonstrate that providing direct services to children of drug abusers and their parents in methadone maintenance treatment will enhance family functioning by resolving some of the problems that lead to intergenerational alcohol and other drug abuse. Staffs of MMTPs and community social service agencies are being trained to work with the children and their parents so that they can give these people better service. Addiction Research and Treatment Corp. project staff meet with agency supervisors and employees to sensitize them to specific problems of children of drug abusers and to coordinate the project. Training covers a variety of topics including child development, parenting skills, special needs of children of drug abusers and their parents, assessment of community social services, client advocacy, and parents' and children's rights.

Project staff (psychologist/social workers) assess the needs of participating children and parents and make referrals for those suffering severe developmental, psychosocial, and/or cognitive deficits, and alcohol and other drug problems. Case management services are provided for participants needing professional intervention. These services facilitate optimal use by children and their parents of treatment programs and of community social services. Parents participate in parenting skills seminars and support groups within a 15-week cycle; families participate in recreational and/or cultural activities. Children are taught family life skills and interpersonal skills.

Project staff are also presenting workshops on the targeted primary prevention approach at local, State, and regional alcohol and other drug conferences. They will evaluate the impact of direct services to parents and children, testing children's attitudes toward alcohol and other drugs, and the effectiveness of the project's preventive strategies. Project staff have produced a model prevention approach for children of abusers that can be replicated by other methadone maintenance treatment programs.

This program fills a serious gap in services to children of drug abusers in New York City. Although an estimated 43,000 children are born to heroin addicts in MMTPs, few services have been available for them. By developing primary prevention materials for those children, the project is making a major contribution toward reducing the likelihood of alcohol and drug problems in this population.

Early Intervention Projects

PROJECT: Early Intervention Demonstration Project to Counter Abuse of Alcohol and Other Drugs

AGENCY: Catholic Counseling Center
(mental health center)
1001 Huron Road, Room 305
Cleveland, OH 44115
(216) 696-6650

CONTACT: Carolyn M. Hiltner, Project Director

TARGET POPULATION: 400 Black and Hispanic youth aged 10-14 and their families.
Children of alcohol and other drug abusers; children of abusive parents; at risk of dropping out; pregnant teenagers; low income; delinquent; suicidal; gateway drug users; parents.

TARGET AREA: Large urban—Roman Catholic diocese

The purpose of this project is to reduce or stop the use of gateway drugs that can lead to chemical dependency among high-risk Black and Hispanic youth. The approach provides culturally specific services to improve the social functioning of children, youth, and their immediate families; reduce their social and emotional problems; and increase their level of personal satisfaction, internal comfort, and peace of mind.

The project provides screening, intervention, and referral training to staffs of seven area agencies and organizations having contact with high-risk youth and their families in urban Cleveland. Project staff also provide consultation to the administrators of at least 10 area organizations with access to the target group.

Young people who have begun using gateway drugs are being assessed to determine the extent of their use of these drugs in relation to other problems (diagnosing level of risk); individualized treatment plans are negotiated with these youth. When necessary, youngsters and their families are referred to appropriate community services for support or intervention. Group counseling for preadolescents and early adolescents addresses those areas that increase their vulnerability to chemical dependency. Parents receive group education. Case management services ensure continuity and decrease attrition.

Major program components will be evaluated. Measures to be taken include participants' problem-solving abilities, their ability to conceptualize possible consequences of problem situations, the degree to which youth perceive control over their lives, their self-esteem level, and their progress in functioning in life.

As a result of the project, community residents and service providers are likely to have greater commitment to intervening early with youngsters at risk of becoming chemically dependent. At least 45 percent of participants are expected to stop taking chemical substances during their project involvement. Once program results are documented, the program can be adopted by other communities.

Early intervention has been proven effective in preventing chemical dependency and other problems. This program teaches youth important life skills that give them a sense of competency, control over their lives, and self-esteem.

PROJECT: Self-Health Through Self-Help Program

AGENCY: Youth Service Project, Inc.
(nonprofit corporation)
3942 West North Avenue
Chicago IL 60647
(312) 772-6270

CONTACTS: Nancy M. Abbate, Executive Director
Carolyn Ross

TARGET POPULATION: 250 Black and Hispanic youth and young adults aged 12-20+. School dropouts; unemployed; low income; pregnant adolescents; gateway drug users.

PROJECT AREA: Large urban—city

This bilingual (English/Spanish) early intervention model is targeted at the predominantly inner-city Hispanic and Black youth and their community (Humboldt Park) in Chicago's mid-northwest side. The project seeks to reduce youth alcohol and other drug use by decreasing young people's use of gateway drugs. Project staff, which includes Hispanic and Black counselors, is working through networks established among community service agencies, giving presentations to such organizations as police, school officials, religious institutions, block clubs, and social service agencies. Program components include:

- Identifying the target population through self-disclosure, toxicology screening, and referrals from schools and other community service agencies. Youth Service Project deals individually with these agencies to elicit their aid, making school presentations to enlist volunteer participants.
- Counseling, education, and assistance with immediate problems that may involve police, court, or family issues.
- Job preparedness counseling and a training program for actual job placement in the private sector. (By the end of 6 months, 40 youth had been referred to the training program and an appreciable number had afterschool and/or summer jobs.)
- Tutoring to improve reading and math skills with GED, English as a Second Language, and literacy classes provided when appropriate.
- Preparing clients to manage their lives better (life values) and help them gain an improved self-image.
- Developing an infrastructure of local parents who are willing to become involved in drug abuse problems among youth.
- Cultural activities, including Festival Hispano and Black History Month. Project staff also challenge negative cultural stereotypes of both groups, such as "machismo" for Hispanics and the role of Black men and women in the United States. They then explore the strength of some positive cultural images and show youth how they can apply these images in their daily lives.

The Youth Service Project helps youth participants, their parents, and the community help themselves by working together, with the help of local service agencies and organizations, to combat alcohol and other drug abuse and the underlying causes of poverty, unemployment, cultural alienation, and most importantly, powerlessness. This meets the need for an early intervention model that can respond effectively to the harsh, stressful circumstances of this population.

Multiethnic - Including Whites

Comprehensive Projects

PROJECT: Project Involvement: A Consortium Approach to Substance Abuse Prevention

AGENCY: University of North Florida
Center for Alcohol/Drug Studies
(higher education institution)
4567 St. Johns Bluff Road South
Jacksonville, FL 32216
(904) 646-2840

CONTACT: Sharon T. Weaver, Principal Investigator

TARGET POPULATION: Multiethnic elementary through secondary school children, college students, and their families.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts; pregnant teenagers; low socioeconomic status and underemployed; latchkey; gateway drug users.

PROJECT AREA: Large urban and small urban—two counties

Project Involvement is a comprehensive prevention program that addresses the entire spectrum of prevention including primary, secondary, and tertiary prevention. The program originates through the Center for Alcohol/Drug Studies at the University of North Florida in a cooperative effort with the Drug Education and Prevention Center and two public-funded treatment facilities, Gateway Community Services and River Region Human Services, and is linked with a variety of community agencies and school systems to provide alcohol and other drug education and training, awareness and information, alternative programs, support groups, intervention, and counseling services. This project addresses a broad range of problems evidenced by high-risk children, adolescents, and their families, and includes children and families living in population-dense neighborhoods with widespread prevalence of crime and drug abuse.

Project components include the following:

- A drug survey of 6th, 8th, 10th, and 12th grade students in public, private, and parochial schools
- A "train the trainer" program for University students to enable them to become presenters for interested community groups/organizations and to participate as volunteers for the Teen Leadership Trainings and/or Teen Alliance Centers
- Teen Leadership and peer counseling training through indepth weekend or week-long experiences and followup group meetings for youth not involved with alcohol or other drugs who are recommended by teachers, ministers, or other adult supervisors
- Establishment of three Teen Alliance Centers in high-risk neighborhoods to provide teen gathering places for afterschool developmental activities. The Centers offer a variety of programs as alternatives to alcohol and other drug involvement.
- A University Student Assistance Program, which provides primary and secondary prevention for college students

By coordinating the services of community agencies, this project is better able to provide adequate services to the target population. Children and youth, their schools, and many community service agencies will benefit from the project's training programs, and from the expanded prevention, intervention, and treatment facilities that the staff have sponsored. The Teen Alliance Centers are a workable model that offers young people drug-free alternatives.

PROJECT: Comprehensive Prevention Project for High-Risk Youth

AGENCY: Colorado Department of Health
Alcohol and Drug Abuse Division
(State agency)
4210 East 11th Avenue
Denver, CO 80220
(303) 331-8211

CONTACT: Fred Garcia, Program Director

TARGET POPULATION: 90 multiethnic youth per year aged 16 and older.
Children of alcohol and other drug abusers; children of abusive parents; delinquent; low income.

PROJECT AREA: Large urban—statewide

This program is a collaborative effort between two State agencies, the Colorado Alcohol and Drug Abuse Division and the Colorado Division of Youth Services. The goal of the project is to develop and implement a comprehensive alcohol and other drug use prevention, intervention, and rehabilitation project in noninstitutional settings to reduce the level of alcohol and other drug use among serious juvenile offenders and to facilitate their reintegration into their communities. These agencies have coordinated with State and local entities and established collaborative links between the public and private sector agencies that serve youthful offenders, such as schools and agencies charged with chemical abuse prevention, correctional services, and vocational training.

Project staff are developing a curriculum that integrates prevention and intervention strategies known to be effective with youth offenders and with adolescents who have problems with alcohol and other drugs. This program curriculum has four phases:

- Assessment phase, with all participants spending 30 days in the Assessment Unit where they are tested to identify their specific problems and needs; this allows the proper continuity of care plan to be developed for them.
- A 2-week drug-free wilderness experience provided by the agency, Adventures in Change
- Alternative lifestyle, such as the use of positive role models, education, and job training
- Community transition phase for 4 months to help participants reintegrate into their communities.

Participants are trained in such basic life skills as social interaction, emotional development, resisting peer pressure, and decisionmaking. They learn about the dangers of alcohol and other drug use and get health education. The program also offers academic and vocational educational opportunities, job placement in the community, and a community-based support system to help participants reintegrate. Participants' families are also involved in the program.

This project provides a positive alternative to the institutionalization of delinquent, alcohol and other drug-using youth. Project participants are likely to benefit because of the program's holistic approach to the problem of chemical use. This approach involves a cluster of services that address root causes of drug problems and crime in this population, including inadequate education, unemployment, and alienation from the community. The project will be rigorously evaluated so that it can be replicated in other areas of the country.

The project fills a gap in services to delinquent youth by integrating a number of fragmented services that did not meet youths' needs. The project also gives youth many positive and practical alternatives to crime and alcohol and other drug use.

PROJECT: Comprehensive Community Development and Support

AGENCY: California Department of Alcohol and Drug Programs (ADP)
(State agency)
111 Capitol Mall
Sacramento, CA 95814
(916) 445-1125

CONTACT: Karen Stroud, Project Director

TARGET POPULATION: 9,000 multiethnic children and youth aged 6-18.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts or at risk of dropping out; pregnant teenagers; delinquents including gang members and youth involved with the criminal justice system; parents.

PROJECT AREA: Large urban and rural—county

This comprehensive California project for high-risk youth was established by ADP to help five local programs develop a Comprehensive Youth Service System (CYSS) for the delivery of intensive training and alcohol and other drug prevention, intervention, and treatment. The five programs chosen by ADP through selective bidding represent a range of areas with critical needs, including inner cities, rural communities, and targeted ethnic groups (Black, Native American, and Hispanic). The programs are: Central Valley Indian Health, Fresno; Fenix House, Watsonville; Lake County Mental Health, Lakeport; National Black Institute on Community Health Issues (NBI), Los Angeles; and Stanislaus County Mental Health, Modesto.

This project will demonstrate that a State information, technical assistance, and evaluation assistance network can effectively help local groups develop comprehensive community services for a wide range of high-risk target groups.

Staff of the five local programs have identified the most pressing prevention, intervention, and treatment needs of high-risk youth in their respective communities and have established cooperative networks with local service agencies. The agency helps with program planning/development and provides ongoing information, support, and assistance (for example, responding to queries on effective school prevention curricula and on community responses to teen suicide).

ADP has organized an information exchange network that links these five programs with other community agencies and service providers addressing youth alcohol and other drug problems. Also, ADP organized a statewide workshop for Office for Substance Abuse Prevention grantees, which gave participants the chance to share experiences and insights about problems related to community prevention, intervention, and treatment services for high-risk youth.

The results of each project will be evaluated separately, in order to identify generalizable approaches to substance abuse prevention, intervention, treatment, and rehabilitation. These results will be disseminated statewide, and communities with similar target populations will be able to learn from the experiences of the five agencies funded by ADP.

This project tests an innovative approach to comprehensive alcohol and other drug programs for high-risk youth—the provision of ongoing technical assistance to community agencies through a network of specialized consultants. The model not only provides local programs with valuable resources and technical assistance but also forges ties between them and other community agencies so that information and solutions to problems can be exchanged. This project bridges important gaps in service to underserved populations and provides the necessary resources to make high-quality services available for these youth.

PROJECT: Calling All Kids

AGENCY: Black Hawk Health Center of the Sac and Fox Nation
(tribal health center)
Route 2, Box 246
Stroud, OK 74079
(918) 968-3526

CONTACT: Jo Anna Coser, Acting Project Director

TARGET POPULATION: 63,104 multiethnic preschool children, teenagers, and young adults aged 13-21.
Children of alcohol and other drug abusers; school dropouts; pregnant teenagers; low income; delinquents; mental health problems; suicidal; physically disabled by injuries.

PROJECT AREA: Urban/rural—four counties

The Sac and Fox Nation has established an inclusive community deterrence, intervention, treatment, and regeneration program for high-risk youth who have alcohol or other drug abuse problems in this Indian and non-Indian area. The program's goals are to establish coordinated prevention/intervention and treatment services with schools, the court system, the Indian Health Service, and community service agencies and providers, and to ensure adequate aftercare services.

Program staff have developed multiple prevention and intervention strategies for high-risk youth, including:

- Alcohol and other drug education; alcohol and other drug prevention training for community service providers and other people who impact the target population
- Life skills training (goal setting, communication, interpersonal and refusal skills, assertiveness)
- Coordination of drug-free activities with existing recreational programs
- A summer retreat program for 50 youth

Prevention and intervention efforts place more emphasis on promoting health and success than on behavioral change only. For example, the peer counseling program provides success experiences, opportunities for academic and personal growth, and emotional fulfillment. The program for preschoolers is based on a cognitive/social development process that will protect them against teen pregnancy, delinquency, failure at school, and problems with alcohol and other drugs.

High-risk youth, parents, and other relevant family members receive group and family counseling, and support groups are held for pregnant teenagers. Support groups for high-risk youth include Alateen, Alatot Teens, and Helping Teens. Youth with alcohol and other drug problems are referred to major treatment facilities and given aftercare treatment to reduce recidivism. Parent support groups help parents cope with alcohol and other drug problems in the home. In addition, parent action groups have been organized to influence local, State, and National alcohol and other drug policymaking.

Program staff work with religious institutions, publishing a monthly newsletter that reports activities and events planned for youth groups and parents. Staff are recruiting and training youth and adult community leaders to conduct workshops and classes on alcohol education. A data base on 2,000 alcohol and other drug cases per year has been established; this includes information on case management and client care and a case followup tracking system. The Sac and Fox Nation has made wide use of public service announcements and local newspapers to publicize its comprehensive program and to communicate positive health messages to the communities. The Nation's ultimate goal is to reorient community values toward a drug-free lifestyle.

This program serves as a model for other communities with populations that blend low-income whites and Native Americans who have high rates of alcohol and other drug addiction. The program's data base should provide valuable information on the effectiveness of its multiple systems approach in reducing alcohol and other drug use and other risk factors common among children and youth.

PROJECT: Comprehensive Substance Abuse Program for High-Risk Youth in DC

AGENCY: The Community Foundation, Inc.
(community organization)
1232 M Street, NW
Washington, DC 20005
(202) 682-1714

CONTACT: Marsha Z. Crawford, Project Director

TARGET POPULATION: 2,400 multiethnic high-risk youth.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts; pregnant teenagers; low income; delinquent; mentally disturbed; suicidal; physically disabled; abusing alcohol and/or other drugs; parents.

PROJECT AREA: Large urban—city

Five community service organizations are collaborating on this comprehensive program. Program components include a resource and training center, prevention services, and a case management treatment and referral system. Advisors to the consortium include a council of community-based alcohol and other drug abuse service providers and a youth advisory group. The consortium aims to increase the availability and quality of prevention, intervention, and treatment programs for high-risk youth and to reduce their rates of alcohol and other drug abuse.

The consortium's active service delivery system can track and monitor the progress of up to 220 youth enrolled in the intervention and treatment program. In addition, a generalizable intervention approach is being used to assist 2,400 youth with alcohol and other drug problems. Counseling/education groups have been organized for children of alcohol and other drug users along with multifamily group counseling. Intervention and treatment services are also provided to parents who have significant alcohol or other drug problems and to parents whose children are in treatment.

Program staff are developing a referral network of at least 25 private/public human service organizations (e.g., youth service and juvenile justice agencies and community-based groups) that publicize consortium services. A new resource and training center now links community organizations with groups and individuals who can provide training, services, funds, equipment, and other assistance. Numerous volunteers are being recruited to help provide resources and training services. The staff of public and private agencies and schools are receiving expert training and technical assistance on how to recognize risk factors and early signs of alcohol and other drug use and how to access the Case Management Treatment and Referral (CMTR) system.

The consortium is developing alcohol and other drug abuse prevention, intervention, and treatment materials to be distributed and used by daycare centers, schools, community centers, and other programs serving youth. Consortium staff are conducting up to 250 program presentations for neighborhood commissions, parent groups, public agencies, and community-based organizations. In addition, the staff are developing screening and assessment tools and providing followup and evaluation services to measure the program's effectiveness.

It is expected that youth served by the project will reduce or avoid the use and abuse of alcohol and other drugs. Fewer community resources will be required for alcohol and other drug treatment because of the program's emphasis on prevention, and youth needing treatment will have less severe problems.

This community-based, comprehensive program increases the availability of alcohol and other drug prevention, intervention, and treatment services to high-risk youth in a city plagued by widespread drug abuse and such related problems as rampant homicide. The program will yield valuable information on pre-vention, intervention, and treatment strategies that involve individual youth, their parents, and community.

PROJECT: Each One—Reach One Youth Prevention Program

AGENCY: Department of Sociology
George Mason University
(higher education institution)
4400 University Drive
Fairfax, VA 22030
(703) 323-2900

CONTACT: Thomasina Borkman Ph.D.

TARGET POPULATION: 1,000 youth aged 13-18.
Children of alcohol and other drug abusers; low income; at risk for alcohol and other drug abuse.

PROJECT AREA: Large urban, suburban county

Each One—Reach One (EORO) is jointly operated by George Mason University and the Fairfax County, communitywide system of alcohol and other drug programs. EORO is designed primarily to identify and intervene with those youth at high-risk of becoming users of alcohol and other drugs, and to work with them in an innovative manner. Project staff also work with youth who have completed treatment. Youth who have problems with alcohol and other drugs are referred to an assessment center for further diagnosis.

The goal of this project is to develop long-term, drug-free peer networks. The primary intervention designed to bring youth together in these networks includes an outdoor recreational experience (similar to Outward Bound type programs), which promotes teamwork, creative problem-solving, and cooperative learning. In addition, the outdoor program provides a unique physical challenge, particularly for urban-suburban youth with limited experience of nature.

In addition to the outdoor recreational challenge, participants are involved in ongoing "rap" or support groups that (1) teach communication skills and how to deal with emotions and (2) address family relationships, alcohol and other drug abuse, and patterns of friendship. Educational and recreational outings are provided on a regular basis. These outings range from visiting a recreational park to visiting a museum with specific exhibits on Black, Asian, or Hispanic culture.

Both Youth and Adult Advisory Committees provide support and suggestions for program direction. The Youth Advisory Committee is especially active and, through community support, will be sending representatives to several youth leadership conferences on alcohol and other drug use. The Youth Advisory Committee is also helping project staff develop a Peer Leadership Training program.

A particularly unique part of Each One—Reach One is the Adopt-a-Network program, which uses adult volunteers to host activities with youth: e.g., a computer course, video development, photography, and so forth.

EORO has an important research and evaluation component. An indepth program process evaluation combines the collection and analysis of quantitative data with qualitative data gathered through participant observation. This component provides research training to graduate students. First year results from the qualitative analysis have been presented at conferences and have confirmed various clinical impressions of the project staff and the value of project activities.

This project demonstrates the benefits of a close working relationship between academic institutions and community organizations. The project's strength lies in its active involvement of youth who have completed treatment for alcohol and other drug problems and use of community members for alcohol and other drug-free activities.

PROJECT: Lakeview Comprehensive Youth Services Project

AGENCY: Illinois Department of Alcoholism and Substance Abuse
Bureau of Research, Planning, and Development
(State agency)
100 West Randolph Street, Suite 5-600
Chicago, IL 60601
(312) 917-6432

CONTACT: Michael Rainey, Project Manager

TARGET POPULATION: 3,000 multiethnic youth and young adults aged 13-20.
Homeless; runaways; teenage prostitutes; sexually exploited; high school dropouts; gateway drug users; alcohol and other drug using children.

PROJECT AREA: Large urban—section of Chicago in Cook County, Illinois

The Illinois Department of Alcoholism and Substance Abuse (DASA), in conjunction with a community lead agency, provided leadership and support in the initiation of this program—building a coalition of local service providers—to provide a broad spectrum of chemical use prevention, early intervention, and treatment services for hard-to-reach youth. This program coordinates and integrates the services of seven community agencies that address specific problems facing high-risk youth, such as homelessness, runaways, teenage prostitution, and sexual exploitation. An open exchange of information between participating agencies enables client referrals to be made quickly and smoothly.

The lead agency is also training and supervising workers hired by the agencies in how to work effectively with youth at high risk. The new staff members have established contact with the target population through street work outreach, are providing alcohol and other drug use prevention and intervention services, and are linking clients with structured inpatient or outpatient services at a local treatment center. Staff also refer clients to intensive outpatient, residential, and inpatient services outside the immediate community.

At least 720 high-risk youth are being given structured peer group experiences. This peer-group activity enhances their social skills, makes them aware of the dangers of alcohol and other drug use, and increases their survival skills and ability to solve problems.

The cooperative network of agencies and trained staff established by this project will benefit participants and their communities through its outreach activities and wide range of services. Community members will know what help is available and how to access it; more young people will refer themselves or troubled friends and will help each other by using the skills learned in their intervention groups.

This project has adopted a multifaceted approach combined with a strong casework orientation to address the multiple problems confronting high-risk youth. DASA will evaluate the program and disseminate its findings nationwide.

PROJECT: Comprehensive Treatment of High-Risk Youth

AGENCY: Department of Mental Health and Mental Retardation
Division of Mental Illness and Substance Abuse
(State agency)
200 Interstate Park Drive
P.O. Box 371
Montgomery, AL 36193-5001
(205) 271-9243

CONTACT: Molly Brooms, Acting Bureau Director
George M. Hamilton, Project Dirctor
JANUS Family Services
450-C Government Street
Mobile, AL 36602
(205) 431-0740

TARGET POPULATION: 270 multiethnic youth aged 13-20 and families.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts; pregnant teenagers; low income; delinquent; mentally disturbed; emotionally disabled; suicidal; parents.

PROJECT AREA: Small urban—county

This project has established Janus Family Services, jointly administered by the Alabama Department of Mental Health and Mental Retardation and the Mobile Mental Health Center, to decrease the incidence of alcohol and other drug use among high-risk youth in Mobile, Alabama.

The program consists of family-based intervention for these youth and the coordination of multiple community service agencies to develop comprehensive services for them. Two teams of intervention specialists work intensively with families in their homes when the youth is in danger of removal from the home. A network of four therapeutic foster care homes provides foster parents with the needed skills and support for treating high-risk youth in a home setting. The foster homes' network also provides respite services. A coordinator and case management team link these services with others needed in the community.

The ultimate goal of this project is to maintain teenagers in their homes with their parents and out of childcare institutions. This project has increased the availability and accessibility of effective community-based prevention, treatment, and rehabilitation services for the target population through its ability to deliver services outside the traditional clinical setting and its linkage with multiple service agencies at the local and State levels.

This Alabama treatment program provides the opportunity to evaluate the whole system of comprehensive services as it affects high-risk youth, their families, and the agencies involved. In addition, program staff hope to demonstrate the effectiveness of the new in-home services on the targeted groups. Program evaluation should yield valuable data and technology for planning and developing similar services in other parts of the State and country.

PROJECT: CADRE—A Comprehensive Alcohol and Drug Early Intervention Project

AGENCY: San Francisco Department of Public Health
Community Substance Abuse Services
(city and county agency)
1380 Howard St., 4th Floor
San Francisco, CA 94103
(415) 255-3500

CONTACT: Wayne Clark Ph.D., Principal Investigator

TARGET POPULATION: 70,000 multiethnic children and youth aged 3-18.
Children of alcohol and other drug abusers; school dropouts; at risk of dropping out; pregnant teens; low income; delinquent; suicidal; disabled; homeless and runaways; gateway drug users; parents.

PROJECT AREA: Large urban—city

CADRE is a community-based comprehensive project providing prevention, early intervention, treatment, and rehabilitation services to an ethnically and socioeconomically diverse population of children, youth, and families who use alcohol and other drugs or are at risk of doing so. The project model incorporates three levels of coordination and activities: (1) community substance abuse services supported by a coordinating council, (2) a Resource Center with expertise on multicultural and culturally specific issues, and (3) three target modules working directly on the specific needs of young children at risk and their families, youth environmentally at risk, and youth involved in the juvenile justice system.

The project is a collaborative effort by over 25 private organizations and the city's Department of Public Health to coordinate and make accessible all available services to meet the target population's needs. This coalition of service agencies has established a system of linkages and referral services.

Program staff are developing five sets of multicultural intervention materials for use with specifically identified groups of youth who are using or are at risk of using alcohol and/or other drugs. The staff are also developing a multicultural program to train educators, counselors, and other service providers to identify, assess, and work effectively with youth from diverse socioeconomic and cultural backgrounds. Service providers involved in the program will work together to influence pertinent policy decisions and resource allocations.

The project should fill the gaps in services and improve case management for youth in the juvenile justice system. Service providers will respond more sensitively and more effectively to the needs of specially targeted minority youth. At the end of the third year, project staff will have institutionalized the CADRE system, implemented a multicultural media campaign, and evaluated and disseminated the project results.

The significance of this project lies in its creation of a coordinated comprehensive system of community multicultural programs, services, and materials that can be used in other cities, counties, and States. The project's sensitivity to the cultural differences of its target population increases the likelihood of its success in reducing alcohol and other drug use.

PROJECT: Prime Time Project: Comprehensive Program for High-Risk Youth

AGENCY: Licking County Alcoholism Program
(community action agency)
62 E. Stevens Street
Newark, OH 43055
(614) 366-7303

CONTACT: James Billow, Executive Director

TARGET POPULATION: 9,400 multiethnic children and youth younger than 21.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts; at risk of dropping out; delinquents; mentally disturbed; suicidal.

PROJECT AREA: Large urban, rural, county

Prime Time is a cooperative project between an alcoholism prevention program and a guidance center. The agencies have community-based prevention, intervention, and treatment programs covering a broad range of alcohol and other drug abuse and mental health services. These programs include night care or intensive outpatient programming. The program's major emphasis is the dual diagnosis/treatment of drug-using youngsters who are also mentally ill or suffering from psychological problems. The project's major goals are:

- to promote the involvement and coordinated participation of multiple community service agencies that operate prevention, intervention, or treatment programs;
- to promote the development of comprehensive services for high-risk youth that can decrease their use of alcohol and other drugs; and
- to make such services more accessible to the target population

For prevention, Prime Time's staff give educational presentations for large numbers of high-risk youth on issues related to alcohol and other drug use. Project staff are meeting with school personnel to develop a prevention program for the project's second year. In addition, staff are developing educational support programs for parents in the community who are concerned about their children's use of alcohol and other drugs.

For intervention, Prime Time is helping the schools in each of the county's 11 public school districts—including a Catholic and a vocational school—to set up student assistance programs. Schools are being provided with up-to-date information on policy development and with individual action plans for each school district and school. Key school personnel have been trained to be on the core team that will serve as a referral source for students who complete the student assistance program. Prime Time also plans to provide drug and alcohol crisis intervention services for each county school and intensive service training on facilitating support groups at the schools.

Treatment services are provided for high-risk youth who have alcohol and/or other drug problems. Treatment groups have also been developed for children whose parents are alcohol and other drug abusers. Treatment involves—

- Initial screening
- Individual and group counseling and education about the dangers of alcohol and drug use (occurs over a weekend)
- Subsequent intensive day treatment over a 2-week period
- Referral of clients to aftercare or referral to other care for clients having difficulty getting off alcohol and other drugs

Prime Time is also developing "Growing Strong" groups for children of alcohol or other drug abusers in elementary and junior high school and will provide individual counseling to those children who require it.

This program encourages the successful development and dissemination of generalizable approaches to alcohol and other drug use prevention, treatment, and rehabilitation for the target population. The program's multifaceted approach constitutes a more effective response than the isolated efforts of indi-vidual agencies. Program staff intend to replicate the project in similar communities.

PROJECT: Northern Montana Comprehensive Drug/Alcohol Project

AGENCY: Havre Encourages Long-Range Prevention (HELP)
(community action agency)
P.O. Box 68
Havre, Montana 59501
(406) 265-1233

CONTACT: Linda Hybner, Grant Director

TARGET POPULATION: 6,000 multiethnic children and youth aged 5-20+.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts; pregnant teenagers; low income; delinquent; emotionally disturbed; mentally disturbed; suicidal; parents.

PROJECT AREA: Small urban—three counties

This project is an expansion of the existing project HELP, a 5-year-old prevention and intervention effort organized by a committee of 15 professionals from service, professional, business, and community organizations. HELP is designed to benefit 6,000 children and adults, including Native American children and youth currently in treatment for alcohol and other drug use.

HELP cosponsors a wide range of community programs for youth and adults. These include: (1) HELPERS, a group of Havre high school students who conduct alcohol and other drug educational activities; (2) JUNIOR HELPERS, an afterschool club for junior high school students; and (3) PEER HELPERS, an academic elective class at junior high schools that teaches interpersonal communication and offers personal counseling and tutoring of high-risk youth by peer helpers. Many student participants in these three groups attend the Montana Teen Institute and Teens in Partnership workshops. The first workshop trains students to develop and implement community prevention and educational programs within schools; the second, for grade 6-8 students, covers chemical dependence, self-image, teen problems, self-motivation, and coping skills. Participants learn how to address their problems, plan and set goals, and put their ideas into action upon return to their schools and communities.

Teachers and other community adults undergo community intervention facilitators' training given by a private organization, and then train others to recognize evidence of chemical abuse among young people and to get them help.

HELP also conducts a 5-week, 10-hour alcohol and other drug education program for youth caught using alcohol or other drugs during school hours or school functions, or arrested for alcohol- and other drug-related offenses. Teacher-facilitated support groups help high school students with particular family problems, such as death and divorce.

HELP expects a decrease in the incidence of alcohol and other drug use among the target population. This project expands HELP programs to elementary-age children at risk of becoming involved with alcohol and other drugs and increases its capacity to help high-risk, hard-to-reach youth who are chemically dependent and/or involved in crime. HELP's comprehensive approach to prevention and intervention has already been proven successful.

PROJECT: Comprehensive Prevention Program for Children of Substance Abusers

AGENCY: Operation PAR, Inc.
(nonprofit organization)
10901-C Roosevelt Boulevard
St. Petersburg, FL 33716
(813) 577-5545

CONTACT: Randolph E. Ratliff, Project Director

TARGET POPULATION: 1,100 multiethnic preschoolers, preadolescents, and adolescents. Children of alcohol and other drug abusers; pregnant teenagers; parents.

PROJECT AREA: Small urban—county

Clinical experience indicates that children of alcohol or other drug abusers are at disproportionately high risk of experiencing a wide range of medical and psychosocial problems, including chemical dependency. Whereas heroin used to be the most common drug to which mothers were addicted, cocaine has now become increasingly widespread because of its cheap derivatives and easy availability.

This program attempts to break the destructive cycle of intergenerational addiction by providing a system that accesses, identifies, and provides services to children of alcohol and other drug abusers through the child protection/health agencies and substance abuse programs. These services will be coordinated with the local health department, pediatrics departments, child protection teams, State protective services, the local juvenile court, and drug treatment systems. This year, PAR opened the Child Development and Family Guidance Center, a residential treatment center for youth with alcohol or other drug problems.

Project staff locate and counsel pregnant drug users (mostly cocaine), provide day care for their children, counsel family members, and educate people in the community about the dangers of alcohol and other drugs. Operation PAR gets referrals from local hospitals, medical centers, and private physicians. The project provides early intervention services to preschool children who attend its daycare center 5 days per week. Children less than 2 years old are put into family daycare homes.

Project staff also sponsor four support groups for older children of alcohol and other drug abusers. In addition, they provide outreach, codependency education, and appropriate referrals to preadolescent, adolescent, and parent "codependents" affected by parental or spousal alcohol and other drug abuse.

Another project component involves educating both the general public and child and family health service professionals about Operation PAR's services, about the risks involved in alcohol and other drug abuse during pregnancy, and about childrearing problems in alcohol and other drug abusing families. In February 1988, Operation PAR sponsored a regional conference to focus attention on the growing problem of drug-addicted babies and to provide the latest information on such issues as the effects of drug use during pregnancy; management of chemically dependent women and newborn babies; and AIDS, other infectious diseases, and the newborn. The project and conference have been publicized in a number of Florida newspapers.

Operation PAR will call attention to the need for a coordinated community effort to intervene effectively on behalf of children of alcohol and other drug abusers and their parents. The project will help create drug-free families and more appropriate parental role models for children. This effort should also reduce the numbers of babies born addicted to cocaine and other drugs, since treatment opportunities will be provided for pregnant women who otherwise would not get treatment. Awareness will increase among local health and social service providers about the impact of alcohol and other drug abuse on children. Finally, valuable baseline data will be established that can be used for future longitudinal study of the target population.

Operation PAR provides an effective model for helping economically disadvantaged mothers who are alcohol or other drug abusers, as well as their children. The project's family and coordinated community approach to this problem should reduce the number of addicted parents and children.

PROJECT: Comprehensive Student Assistant Program

AGENCY: Clallam County Council on Alcohol and Drugs
North Olympic Alcohol and Drug Center
(community service agency)
315 East 8th Street
Port Angeles, WA 98362
(206) 452-2381

CONTACT: Gayle L. Swagerty, Project Director

TARGET POPULATION: 516 white and Native American middle and high school students.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts; pregnant teenagers; delinquent; suicidal; low income.

PROJECT AREA: Rural—County

This student assistant program is being implemented in four middle and high schools, one of which is on a reservation. The program is aimed at reducing alcohol and other drug use among high-risk youth and at breaking the intergenerational cycle of chemical dependency in families.

The program operates alcohol and other drug use prevention activities; early intervention responses to prevent progression to chemical addiction; education presentations for school staff, community members, parents, and students to encourage identification of the problem and treatment; and parent involvement through education and treatment to enhance the recovery process. These activities are implemented through:

- outreach to Native Americans on the reservation through contact with tribal elders, the training of service providers on the reservation, educational presentations to Indian schools, and referral services;
- provision of three levels of group intervention to high-risk students for education, early intervention, and intensive outpatient treatment;
- systems intervention via community task forces and committees;
- individual, group, and family therapy and pre- and posttreatment counseling to families;
- parent support groups (Parent Advocacy, Families Anonymous); and
- dissemination of information on the project and its accomplishments.

This project also helps the communities by supporting the efforts of the Parent Action Team and Student Action for Sobriety and by planning joint activities with the Driving While Intoxicated Task Force, Natural Helpers, Students Against Drunk Driving, Youth AA, the County Juvenile Diversion Office, and other compatible agencies.

The project will benefit the targeted youth and their families, schools, and communities because its program involves them in a broadbased, coordinated effort to reduce alcohol and other drug abuse and to help them lead creative, healthy lives. The project will provide a useful model for other communities with similar social problems.

PROJECT: A Comprehensive Prevention Grant

AGENCY: San Francisco Community Clinic Consortium
(community organization)
1520 Stockton Street
San Francisco, CA 94433
(415) 391-9686

CONTACT: Carroll Johnson, Project Director

TARGET POPULATION: Approximately 30,000 multiethnic adolescents.
Gateway drug users; alcohol and other drug users; low income.

PROJECT AREA: Urban—citywide

Alcohol and other drug abuse has reached epidemic proportions among teenagers in San Francisco where these chemicals are easy to obtain. The San Francisco Community Clinic Consortium comprises eight community-based nonprofit primary care clinics, each serving a different neighborhood and ethnic community, e.g., Native Americans, Hispanics, Blacks, Chinese, and whites. This consortium aims to reduce the abuse of alcohol and other drugs by teenagers through health education and information, training of peers and health care provides, and comprehensive referral linkages.

Each primary care clinic has identified a partner youth-serving agency in its community and developed plans with this agency for alcohol and other drug use prevention services to those youngsters who participate in the agency's activities. Agency staff have selected teenagers to be trained as peer resource workers. These trainees learn training techniques, resistance skills, active listening, referral interventions, and the dangers of alcohol and other drugs. Trained resource workers then introduce the material they have learned into the activities of the agency. The focus on building resistance skills and increasing knowledge and awareness of alcohol and other drugs through such activities as poster contests, rapping, mini work videos, and sits. Some of the youth organizations have summer camps where peer resource workers can present what they have learned.

Physicians, nurses, and other medical staff in the consortium have been trained to identify youth with problems, to be sensitive to these youngsters' specific needs and cultural backgrounds, and to suggest interventions and referrals to culturally appropriate treatment for chemical abuse. Staff counselors provide individual and family counseling along with referrals to appropriate treatment and rehabilitation services also offered by the consortium. A followup recovery program helps these youth remain free of alcohol and other drugs. Support groups are held for parents whose children use alcohol and other drugs. These parents learn to understand their children's behavior and receive training on how to communicate effectively with their children.

This project will increase the availability and accessibility of much-needed assistance to teenagers through its broad range of culturally sensitive services. The peer component of the program is likely to dissuade many youngsters from using and abusing alcohol and other drugs, while many of those who are at high risk or already chemically dependent will get help through advice and referrals provided by health care providers. Posttreatment services will help these young people remain drug free. Parents will be better equipped to cope with their children's alcohol and other drug problems, which should facilitate family recovery.

The innovative approach used by this project could be replicated in other cities with large, multiethnic populations also afflicted by problems with alcohol and other drugs.

PROJECT: Comprehensive Prevention, Treatment, and Rehabilitation Demonstration Project

AGENCY: Pierce County Juvenile Court
(county agency)
5501 Sixth Avenue
Tacoma, WA 98406
(206) 756-0606

CONTACT: Kathy Lyle, Project Director

TARGET POPULATION: 200 multiethnic youth under 18 years old.
At risk of dropping out of school; delinquent; low income.

PROJECT AREA: Large urban—inner city

This project provides comprehensive alcohol and other drug services to low-income youth who have been arrested and referred to the court. The juvenile court collaborates with community agencies that have alcohol and other drug programs, local law enforcement and government agencies, religious institutions, service clubs, and the private sector.

The following four types of services are provided to these youth:

- Youth with no alcohol and other drug problems receive $2^1/2$ hours of education on alcohol and other drug use, the pharmacology of these chemicals, their negative effects, recommendations for treatment, and legal issues.
- Youth misusing alcohol and other drugs receive the same educational program as those with no problems, but they also receive 4 hours of instruction on building decisionmaking skills and on "How To Say No."
- Alcohol and/or other drug abusers get the same education and skills-building instruction (based on skill deficits identified by project staff), combined with 2 hours of family intervention that reinforces positive family relationships and teaches families to operate as a support system, and $2^1/2$ hours of peer group counseling that involves reality therapy and helps in resolving life's problems without resorting to alcohol and other drugs and that offers positive alternatives to them. Participants also join 3-hour support group sessions and get 1 hour of individual counseling per week; the support group, individual counseling, and family intervention sessions are continued for up to 1 year.
- Those with severe symptoms of chemical dependency are referred for inpatient or outpatient treatment. In addition, they receive the same educational and intervention services as those for alcohol and other drug abusers.

Families are urged to participate; project staff provide transportation if necessary. Youth who have alcohol or other drug problems can also participate in Alcoholics Anonymous and Narcotics Anonymous groups. The program offers drug-free recreational activities and referrals to job placement services.

Project staff provide 20 hours of inservice training to staff of local agencies and organizations. In addition, 12 alcohol and other drug awareness and educational presentations will be delivered to community service agencies.

This program should substantially reduce criminal behavior and alcohol and other drug involvement among the target population. Program staff should also increase community awareness, involvement, and ownership of the program by joining ongoing efforts to help the community's at-risk population. Community support and on-site service delivery should encourage the target youth and their families to take advantage of the program. Program services are designed on the basis of the agency's previous extensive experience with this target population.

PROJECT: Cumberland Day Treatment Program

AGENCY: New Jersey Department of Corrections
Division of Juvenile Services
(State agency)
17 Irving Avenue
Bridgeton, NJ 08302
(609) 455-1444

CONTACT: Gregory J. Coleman, Project Director

TARGET POPULATION: 40 multiethnic adolescents per year aged 13-17.
Low income; delinquents; parents.

PROJECT AREA: Small urban—county

This project involves the addition of a substance abuse component to the Cumberland Day Treatment Program and the adding of 13- to 15-year-olds to a system that already serves 16- to 17-year-olds. Project staff coordinate community and internal drug-related services to participants and are establishing a model that may be replicated for other high-risk populations.

All participants are assessed by the substance abuse counselor. This evaluation is used along with input from other program areas for devising a treatment plan; this plan is used in conjunction with bimonthly assessments and a substance abuse education curriculum to promote prevention/intervention of adolescent alcohol and other drug use. The substance abuse education is provided through the Cumberland County Alcoholism Treatment Department.

The program teaches youth how to renovate historic houses, which provides them with construction skills and helps build their self-confidence. Participants also receive group counseling, individual counseling, remedial education, sex education, and family therapy and may join self-help groups. Group counseling facilitated by program staff uses daily positive peer pressure to encourage participants to adopt prosocial behavior and attitudes. The academic educational program is supplemented by a computer-assisted instruction curriculum to promote participants' academic growth, boost their self-esteem, and reignite their spark for learning. Family counseling by the program's staff is provided to help participants and their families.

It is anticipated that this community resource network will help reduce the incidence of alcohol and other drug use and delinquency among adolescents in Cumberland County. Participants' knowledge will increase about alcohol and drugs, human sexuality, and their individual vocational options. Teenage pregnancy will decline and participants' academic skills will improve. Relationships between participants and their families will also improve as a result of family counseling.

This project will demonstrate how the combined application of existing community resources and program components can have dramatic impact on the target population by offering them a wide range of services to meet their specific needs. Most important, the project stresses academic and vocational education that make for a more promising future for participants than crime, pregnancy, and alcohol and other drug use.

PROJECT: Operation I CARE

AGENCY: Northeast Louisiana Alcohol and Drug Abuse Association, Inc.
(community action agency)
P.O. Box 4558
Monroe, LA 71211-4558
(318) 345-2273

CONTACT: Gary Miller, Program Director

TARGET POPULATION: 2,000 multiethnic school-aged youth.
Delinquents; using alcohol and other drugs; parents.

PROJECT AREA: Small urban—regional

Operation I CARE was conceived as a program to reduce the incidence of alcohol and other drug use among schoolchildren in an area where such use has become widespread. The project seeks to increase involvement of the general public in prevention activities through a coordinated community approach focused on schools and the juvenile justice system.

The project expands existing community-based prevention programs from a single- to a multiple-modality approach by coordinating the efforts of community prevention groups. Based on community needs assessment, I CARE builds on existing prevention programs or adds new ones in local communities.

Major program components include helping improve family relations, reversing peer pressure, and influencing relevant social institutions. First offenders and parents receive training and counseling through monthly Teen Court training programs. Trainees learn about the harmful consequences of alcohol and other drug use and related behavior and about healthy alternatives. Peer group leaders are trained to become effective role models in their schools. In these monthly sessions, trainees are taught the problem-solving and communication skills necessary to function as effective role models. These peer group leaders serve as liaisons between I CARE and schools and inform school authorities of any alcohol and other drug-related problems that occur. Alcohol and other drug use awareness lessons are presented through dramatizations to entire student bodies. Working scripts are provided to schools by I CARE.

Parents participate in weekly parenting sessions to improve their skills in handling these problem children. I CARE also teaches parents about alcohol and other drug use and instructs them in prevention and communication techniques. Alcohol and other drug users, as well as recovering users and nonusers, receive support to be drug free from six sessions with Choices Support Groups in which they learn to improve their problem-solving skills.

I CARE anticipates a decrease in second-offense juvenile crime, including alcohol and other drug charges. It is expected that sentencing will promote responsibility and restitution among juvenile offenders, and that a recreation center will be provided in the community for young people recovering from chemical dependency.

This project has achieved a unified approach to alcohol and other drug problems in the target area and galvanized the support of parents, schoolteachers, and the juvenile justice system. Help is now accessible to children and parents with alcohol and other drug problems. I CARE's involvement of junior and senior high school students in prevention activities enhances the life skills and self-esteem of these young people and increases the likelihood that schools will become drug free.

PROJECT: Comprehensive Prevention, Treatment, and Rehabilitation Demonstration Project

AGENCY: Behavioral Health Agency of Central Arizona (BHACA)
(private nonprofit)
120 West Main Street
Casa Grande, AZ 85222
(602) 836-1675

CONTACTS: Tino de Anda, Executive Director
Ken Geis, Project Director

TARGET POPULATION: 7,200 multiethnic adolescents aged 13-20.
Pregnant teenagers; delinquents; suicidal; low income.

PROJECT AREA: Rural—county

This program was established to build a broad network of prevention services, peer support, day and residential drug treatment, and aftercare for high-risk youth. It is developing and implementing an alcohol and other drug use prevention/treatment and rehabilitation model in conjunction with schools, juvenile systems, State agencies, and multiple community service organizations. BHACA has created a community-based resource/service team to maximize existing resources and prevent duplication. Team members provide consultation and education to area service providers and community members promoting innovation prevention program development, especially involving cooperative partnerships. They also work with schools to establish alcohol and other drug use education programs and to help teachers identify students with alcohol and/or other drug problems.

A 10-member Community Resource Advisory Council has helped the team access school and community leaders, get input from representative groups on project development in areas of need, and contact area governing bodies, law enforcement agencies, and religious leaders. The council also helps the team determine the most effective ways to promote the project.

Program services include day and residential treatment, aftercare, and peer support groups. Day treatment involves individual counseling, vocational assessment, recreation, and socialization activities operated in conjunction with a local county alternative education program. Project staff facilitate peer support groups within the local junior high and high schools. They also collaborate with schools and community agencies to develop an information-sharing network on high-risk youth populations and a comprehensive Adolescent Resource Directory; this Directory, which contains information on resources available for adolescent alcohol and other drug use prevention, treatment, and rehabilitation, has been distributed to surrounding communities. Also available is a wallet-sized card listing resources for adolescents, parents, youth workers, and others. A final report on program results, including a video, will be published so that the program can be replicated elsewhere.

BHACA's integrated network of community services has decreased gaps in service delivery in an area where 37 percent of the population are below the poverty level, and 35 percent are under 19 years of age, and the teenage suicide rate is 70 percent higher than the national average. Increased numbers of high-risk youth with alcohol and other drug problems, delinquency, and other problems will be helped. The agency's coordinated efforts will also yield important data on alcohol and other drug abuse trends.

Targeted Prevention Projects

PROJECT: Targeted Primary Prevention Impact for Caregivers

AGENCY: Florida Alcohol and Drug Abuse Association
(nonprofit organization)
1286 North Paul Russell Road
Tallahassee, FL 32301
(904) 877-2237

CONTACT: Diane Greer, Project Director

TARGET POPULATION: 1,100 multiethnic children aged 3-10.
Children of drug abusers; children of abusive parents; low income; preschool children in the Head Start Program; parents.

PROJECT AREA: Large urban, small urban, rural—sub-State/region

This program designs and provides innovative training, technical assistance, and educational awareness materials for two professional groups of caregivers who have major, regular responsibility for high-risk children. These caregivers include daycare center workers and counselors of the Department of Health and Rehabilitation Services/Children, Youth and Families (HRS/CYF).

The program aims to increase caregivers' awareness of effective prevention, intervention, and treatment services available in each demonstration community, and to decrease the amount and severity of children's early negative behaviors that can lead to later alcohol and other drug use. These services will be demonstrated in five diverse communities across Florida and will be targeted at minority, rural, and middle-class children.

Project staff are working with State and community service agencies to develop, disseminate, implement, and evaluate the Primary Prevention Impact training. All educational materials related to the training will be translated into Spanish. Posters, brochures, and fact sheets are available at the agency operating this project.

The training curriculum includes adult development, team building, tailoring presentations to young audiences, and cultural sensitivity. The Primary Activity Guidebook is designed for use by caregivers with children. It details activities that foster children's self-esteem and improve their coping skills and self-awareness. The training includes a parent component covering such topics as family roles and relations, experiences of children of alcohol and other drug abusers, self-concept development, effective communication, developing responsibility, and how to facilitate family meetings.

The training for HRS/CYF counselors enables them to intervene effectively in family relations and to create successful strategies for parents who are dealing with high-risk children. These counselors are also being trained to hold parent education/support groups within their particular community. Approximately 265 caregivers will be trained; the Florida Alcohol and Drug Abuse Association will provide them with ongoing technical assistance and followup services.

This program teaches caregivers to identify children at high risk of becoming alcohol and other drug users and provides them with culturally relevant educational materials to use with children and parents. It thus enables caregivers to play a significant role in breaking the cycle of intergenerational alcohol and other drug use in families.

PROJECT: Positive Alternatives Toward Healthy Self-Concepts (PATHS)

AGENCY: Catholic Family and Community Services
(nonprofit community organization)
1 Kimball Street
Amsterdam, NY 12010
(518) 842-4202

CONTACT: John J. Coppola, Executive Director

TARGET POPULATION: 2,575 multiethnic children aged 4-9 and teenage parents.
Children of alcohol and other drug abusers; children of abusive and/or neglectful parents; abusive and/or neglectful parents; parents; Head Start and primary school teachers.

TARGET AREA: Small urban—county

This primary prevention project operates in an economically depressed area with high unemployment rates and many low-income and impoverished families. The area is characterized by high rates of alcoholism, alcohol and other drug abuse, child abuse, and teenage pregnancy. This project aims to arrest the area's dramatic increase in child abuse, neglect, and drug abuse (particularly cocaine) by promoting non-drug alternatives to at-risk families and by helping them develop healthy behavior patterns and healthy environments for their children.

Project staff train Head Start and primary school teachers to identify children at risk and to provide them with prevention and intervention services aimed at preventing child abuse, a known precursor of chemical abuse by the victims. Trained Head Start and primary school teachers continue the program after Catholic Family Community Services prevention specialists complete the 8-week programs for the children. This program is designed to improve children's cognitive, affective, and psychological development. The program includes exercises and activities that foster health-enhancing behavior and is aimed at boosting the self-esteem and coping skills of these children, as well as educating them on child sexual abuse prevention strategies.

Parents of Head Start participants attend 6-week courses where they learn about alcohol and other drug issues, parenting skills, stress management, and non-abusive ways to discipline children. Parents of children in kindergarten through third grade attend 3-week courses where they learn about parenting skills, stress management, communication, and self-esteem.

Intervention services are provided to parents and children identified as at risk of child abuse or chemical abuse because of a history of chemical dependency or child abuse in the family. A 15-week multifamily group Nurturing Program with both cognitive and affective goals is the service provided by the prevention staff to families who are self-referred or referred by school, mental health, social services, child protective services, probation, alcohol and other drug treatment personnel, and the teen pregnancy counselor. Prevention staff makes additional referrals to family, marital, individual, and group counseling within or outside the agency as appropriate.

Project staff have developed a countywide task force for the prevention of child abuse and neglect to ensure ongoing community prevention/intervention activities after the end of the funding period. The task force has significantly increased community involvement in the program's goals of reducing child abuse and neglect. One notable project developed by the task force was the organization of an interdisciplinary child sexual abuse response team. Community ownership and leadership of the task force is evident and growing.

This project marks the first attempt to prevent alcohol and other drug abuse through efforts to prevent child abuse and neglect. The project has the potential to reduce the incidence of chemical dependency through this innovative approach. Collaboration between the county's school districts, families, and community service agencies, as well as development of a countywide task force, will contribute to the project's success.

PROJECT: Targeted Services for Parents of High-Risk Youth

AGENCY: Diocese of Brooklyn
(school system)
6025 6th Avenue
Brooklyn, NY 11220
(718) 871-7777

CONTACT: Cordelia Ryan, Executive Director

TARGET POPULATION: 10,000 multiethnic parents and children aged 9-12.
Children of alcohol and other drug abusers; children of abusive parents; low income.

PROJECT AREA: Large urban—section of city

This targeted prevention program seeks to break the intergenerational cycle of alcohol and other drug addiction by providing services to chemically dependent parents and their children who are students in the Catholic elementary and high schools of Brooklyn and Queens.

For parents, program staff conduct workshops on alcohol and other drug abuse education, social skills training, and parent support groups. Family therapy is given for parents referred from the workshops and their children. Teachers, counselors, and school administrators are trained to identify and intervene effectively with high-risk youth, especially children whose parents abuse alcohol and other drugs or who abuse them, and to provide appropriate referrals for these children.

The program also offers on-site counseling in the schools, workshops on alcohol and drug education and social skills building, interaction groups, and family counseling to identified children of alcohol and other drug abusers. Cultural awareness is integrated into the educational and group work with Black and Hispanic youth to promote positive ethnic identity and high self-esteem.

This project demonstrates the value of working with parents of schoolchildren; help to parents benefits the children's social functioning and academic performance, lessening the chance that they will develop alcohol and other drug problems. This project can be easily replicated by other school-based programs. Thus far, it has been so well received that the demand for services goes far beyond the staff's ability to respond. Parent workshops have been particularly popular; school principals are requesting them throughout Brooklyn and Queens. An additional part-time consultant has been hired to present new workshops, particularly on AIDS education, and to help cover extra requests for existing workshops.

PROJECT: Pregnant Adolescent Substance Abuse Project (PSAP)

AGENCY: National Public Services Research Institute
(nonprofit organization)
8201 Corporate Drive, Suite 230
Landover, MD 20785
(301) 731-9891

CONTACT: A. James McKnight, Project Director

TARGET POPULATION: 1,000 to 1,500 multiethnic females under age 21.
Children of alcohol and other drug abusers; pregnant teenagers; low income; parents.

PROJECT AREA: Suburban—county

This primary prevention project aims to reduce the risk of alcohol and other drug use among pregnant teenagers, as well as the risks to their unborn children, siblings, and others associated with them. Trained professionals identify pregnant teenagers who use alcohol and/or other drugs and intervene to reduce the danger to both parent and unborn child. Working closely with county maternal and healthcare service providers, project staff attempt to get these pregnant teenagers to use county educational, counseling, and treatment resources. The initial program also provides the same services to parenting teenagers. Children of these mothers, identified as suffering from neglect and abuse, are referred with their parents to appropriate community services.

Project staff conduct training workshops for such health professionals as maternal and child health nurses. Trainees learn to identify pregnant and parenting teenagers who have alcohol and other drug problems, provide them with referrals, and monitor the subsequent progress of these young women. Materials developed for this training include a description of the PSAP program, a description of stress factors leading to alcohol and other drug use, a list of behavioral and physical manifestations of drug use, lists of available drugs and their effects, a list of available treatment resources, and selected professional articles on alcohol and other drug use during pregnancy.

During the second year, prevention strategies were launched to reduce the likelihood of future alcohol and other drug use among all pregnant teenagers. These strategies include a communitywide public information campaign as well as educational programs for high schools and maternal health clinics. A video was developed with the aid of county health and educational personnel.

The program will be evaluated for its effectiveness in increasing the use of county education, counseling, and treatment resources by pregnant adolescents. Pregnant teenagers and teenage parents are expected to become more aware of the health risks of alcohol and other drug abuse. Health professionals will be better equipped to identify young women who have problems with alcohol and other drugs and to ensure that their children do not suffer from abuse and neglect.

The known relationship between early sexual activity and drug use suggests that pregnant teenagers are at high risk of being or becoming chemically dependent. If this project meets its goals, States and localities will have an additional means of helping to fight this serious social problem. The project will also increase knowledge of how best to identify chemically dependent pregnant teenagers and how best to induce them to get the help they need.

PROJECT: Targeted Adolescent Pregnancy Substance Abuse Project

AGENCY: University of Washington Hospital Social Work Unit
(university hospital clinic)
1959 North East Pacific Street RC-30
Seattle, WA 98195
(206) 548-4370

CONTACT: Candyce S. Berger, Project Director

TARGET POPULATION: 50 multiethnic young women under age 20.
Children of alcohol and other drug abusers; pregnant teenagers; gateway drug users.

PROJECT AREA: Large urban—city

This demonstration project is targeted at pregnant adolescents assessed as high risk for alcohol and other drug use. The obstetrical clinic of the University Hospital provides three major interventions aimed at preventing or stopping the use of alcohol and/or other drugs:

1. A 9-week group drug prevention program that includes information about alcohol and other drugs and training in such behavioral skills as personal responsibility, self-control, positive social relationships, and problem-solving. This program is based on ADAPT, an aftercare program for institutionalized youth. A skills trainer from ADAPT has trained project staff.

2. Parenting education directed toward adolescent parents

3. Case management at the clinic and home of participants. The case manager meets twice monthly with the client during the first months of pregnancy, and once a week after the middle of the 8th month if problems arise that require increased intensity of services. The case manager keeps in contact with the client to help with any needs or problems that may arise. Services increase if the client drops out of school, begins or increases drug use, does not comply with prenatal care or misses two consecutive appointments, or if there is evidence of domestic violence.

The case managers coordinate all three program components for clients. Project staff follow the adolescent's progress from entry in the program until 1 year postpartum. Healthcare providers are being trained to identify pregnant adolescents at risk of alcohol and other drug abuse. An advisory committee of all the program consultants and project staff meet once a month to help resolve any problems.

A detailed psychological assessment is made for each client, gathering information on environmental stress, current alcohol and other drug use, education and vocational plans, current coping strategies, social supports, and prevalence of drug use in the immediate environment. The impact of the program's intervention and parenting skills components will be evaluated.

Project participants are expected to know more about the negative impact of alcohol and other drugs on maternal and fetal health. They will become better parents and more skillful in avoiding these chemicals and in coping effectively with the stresses of parenting at such an early age. These young women will be able to function more effectively at home, work, and school.

This program helps alleviate the multiple stresses of adolescent parenting. The strong case management component enables these young women to obtain proper prenatal care so that their babies are more likely to be healthy, and to negotiate the various community systems of information and services that they need. The future of parents and children is more likely to be healthy and productive as a result of this program.

PROJECT: Friendly PEERsuasion: Targeted Substance Abuse Education

AGENCY: Girls Club of America, Inc.
(private nonprofit)
Natural Resource Center
441 W. Michigan Street
Indianapolis, IN 46202
(317) 634-7546

CONTACT: Dolores R. Wisdom, Project Director

TARGET POPULATION: 5,000 multiethnic children aged 6-14.
Children of alcohol and other drug abusers; girls at risk of early pregnancy and delinquency; school dropouts; low income.

PROJECT AREA: Urban—five cities (demonstration sites)

Girls Club of America, a national organization serving over 250,000 girls, has developed a drug and alcohol prevention program targeted at high-risk girls aged 11-14, the most critical age for initial chemical use. The program is based on two successful peer leadership models developed by the Arlington, Texas, Girls Club. Girls Club of America, Inc., has worked with its Arlington affiliate to refine this model; it will be tested in Girls Club affiliates in four cities that have high rates of alcohol and other drug problems: Birmingham, Alabama; Rapid City, South Dakota; Worcester, Massachusetts; and Clearwater, Florida.

High-risk girls aged 11-14 are trained by Girls Club staff as peer leaders to educate younger high-risk girls (and boys) about alcohol and other drug use. The program includes the following:

- A 14-hour leadership training course for PEERsuaders (ages 11-14) that covers stress management, decisionmaking, problem-solving, communication, peer and media pressures, refusal skills, leadership skills, and community health resources
- A 10-hour teaching/certification phase during which teams of PEERsuaders work with staff to plan and implement lessons to help younger boys and girls aged 6-10 avoid drugs
- A parent orientation session conducted by Club staff before the program begins to inform parents of its purpose and content, get permission for their daughters' participation, and discuss concerns about alcohol and other drug use among youth

PEERsuaders who complete both program phases become Certified Friendly PEERsuaders; are recognized publicly for their accomplishments and commitment to a drugfree lifestyle; and are able to continue serving in peer leadership roles for the programs and their communities.

Girls Club of America, Inc., is publishing a Friendly PEERsuasion curriculum guide for staff use, a set of workbook materials for PEERsuader use, and a background guide called *Facts and Reflections: Girls and Substance Abuse*. Written for lay audiences, this guide offers an overview of alcohol and other drug problems faced by girls and women, includes an exhaustive literature review, and will be useful for health service providers, educators, and parents.

The program will serve more than 5,000 girls during the 3-year project and at least 29,640 during the following 5 years. After program results have been evaluated, this model will be documented for replication by other organizations and will become a core GCA program. The project will provide valuable research information on early adolescent chemical abuse among females.

PROJECT: Home-Based Targeted Prevention Project

AGENCY: Marshall County Attention Homes, Inc.
(public nonprofit organization)
P.O. Box 661
Guntersville, AL 35976
(205) 582-0377

CONTACT: Douglas Cooke, Project Director

TARGET POPULATION: 80 multiethnic families with children.
Children of alcohol and other drug abusers; children abused by parents; school dropouts and at risk of dropping out; pregnant teenagers; delinquent; suicidal; alcohol and other drug users.

PROJECT AREA: Rural—county

This project is concerned with decreasing the vulnerability of high-risk children to alcohol and other drug problems. It involves families, particularly parents, in alcohol and other drug use prevention and intervention strategies on behalf of their children. The project uses a structural/strategic family therapy model in an intensive 6-week program of at least 2 hours per week, primarily in the home. Prevention strategies focus on children who have younger siblings.

Therapy emphasizes the parents' responsibilities as role models and their strong influence in helping their children make healthy life choices. The program also provides alcohol and other drug prevention activities, such as quarterly workshops for home-based families who can get appropriate reading materials from the local library. When necessary, families are referred to other community service agencies or service providers.

Project staff are establishing a local network of referral services and service providers, including juvenile probation officers, the Child Protection Team, Department of Human Resources, and school officials. They plan to publicize the program over a 2-year period at the local, State, and National levels to communicate the program's message that alcohol and other drug use is a symptom of dysfunctional family patterns. Publicity will include newspaper articles, radio PSAs, and speaking engagements to local community groups. Project staff will also conduct a workshop on home-based family therapy at the National Conference for the American Association of Marriage and Family Therapists.

Family members, referral sources, and therapists are being asked to evaluate the program's effectiveness in improving family functioning and in reducing the occurrence of drug and alcohol problems and other symptomatic adolescent behavior. Sessions will be videotaped (following confidentiality procedures), which will assist therapists and help family members understand the dynamics of their interactions.

Children and parents will benefit from the intensive family therapy this program offers because their relationship will become more functional and children will be less likely to get involved in alcohol and drugs. The community also benefits from a reduced rate of recidivism, requiring fewer placements in other community programs. This program's family-based intervention model is an effective means of fighting alcohol and other drug problems in families, particularly those isolated like these mountain people because of poor transportation.

PROJECT: Targeted Prevention Program for High-Risk Children

AGENCY: Alcoholism Council of Butler County, Ohio (ACBC)
(county)
111 Buckeye Street
Hamilton, OH 45011
(513) 868-2100

CONTACT: Hank Wich, Counseling Director

TARGET POPULATION: 365 multiethnic children aged 5-12 and their alcohol- or other drug-dependent parents.
Children of alcohol and other drug abusers; low income.

PROJECT AREA: Urban—county

ACBC has launched a program to increase the availability of prevention and treatment services to underserved at-risk children, and to reduce alcohol and other drug use by children of alcohol and other drug abusers. The agency also seeks to alleviate other behavioral problems resulting from growing up with alcohol and other drug abusing parents or caretakers.

This program uses a combination of strategies including cognitive education, drug and alcohol information, professional chemical abuse counseling and peer counseling, alternatives to alcohol and other drugs, and self-improvement. It offers group education sessions dealing with alcohol and other drug information, decisionmaking, coping, communication and other social skills, self-awareness, and self-esteem. Children are taught that their parents' chemical dependency is a disease and not their fault. Through exploring their current values and considering alternative ones in a setting where they are listened to and accepted, these children learn attitudes, skills, and behaviors necessary for responsible adulthood.

The child's family must be involved in the program. Families participate in biweekly family counseling sessions, parents in the weekly parent group, and families in the monthly social events. The program teaches parents and children stress reduction and management techniques while encouraging the development of positive and accepting attitudes toward change by facilitating, supporting, and celebrating individual and family changes. Parents deal with the same issues and with the same goals and objectives as those for the children. Program staff assist families in establishing an ongoing, supportive community network through the development of AA, Al-Anon, Al-Ateen, ACoA, and Al-Atot meetings. A monthly social event is conducted, and families act as "foster Sponsors" for newer families in the program.

ACBC expects a reduction in alcohol and other drug use by participating parents and decreased risk of their children using these substances. Participants will function better at home and in their schools and the community, and will be less likely to engage in antisocial behavior. This agency networks with community service organizations to integrate its services and to have additional resources available when necessary.

This program serves a previously neglected high-risk group. Involvement of both parents and children increases the likelihood of family recovery from the disease of alcohol and other drug abuse. In addition, the program's coordination of services with other community agencies prevents duplications and ensures that participants get all the help they need. The agency will conduct a formal program evaluation to determine its effectiveness and submit a final report of program results for publication in professional journals.

PROJECT: Project RFD—Rural Family Development

AGENCY: Six County Commissioners Organization
(nonprofit community agency)
255 West Main
Mount Pleasant, UT 84647
(801) 462-2416

CONTACT: Kathleen Hobby, Project Director

TARGET POPULATION: 5,500 multiethnic children aged 10-14.
Children of alcohol and other drug abusers; children of abusive parents; low income; mentally disturbed; suicidal; users of alcohol and/or other drugs.

PROJECT AREA: Rural—six counties

This project adapts effective prevention strategies to geographically isolated rural areas that have limited resources, high rates of alcohol and other drug abuse, and large numbers of very high-risk children and youth. RFD goals are to coordinate alcohol and other drug prevention services in these rural communities and to provide the workpower and community organization skills needed to make use of such existing community strengths as active volunteers, community pride, and extended families. The target population contains a mix of ethnic groups: Hispanic migrants working in a local turkey processing co-op, Cambodian and Vietnamese refugees working at a failing mushroom factory, home-educated minorities who prefer isolation to mainstream society, Native Americans, and a large group of family farmers on the verge of economic collapse.

RFD coordinators recruit and train volunteers on community organization and on how to deliver alcohol and other drug prevention education and other services to the targeted communities. Parents receive training in parenting skills and get support in coping with stress.

Program coordinators have helped establish countywide coordinating councils of people referred by community mental health and social service agencies and of representatives from minority groups, single-parent support groups, law enforcement agencies, juvenile courts, businesses, and schools. These coordinating councils assist communities with evaluating their resources, funding, and technical assistance. Council members identify youth with alcohol or other drug problems, who are referred to local service agencies for treatment. The project is implemented in local elementary and junior high schools.

This project ensures that adequate services are provided to high-risk children and youth whose needs have been neglected in the past. These youth benefit from RFD's efforts to coordinate community services and from more effective use of the financial resources of communities and schools. The communities themselves may become empowered as a result of active participation in this project.

This project is designed to meet the special challenges of serving geographically isolated communities with culturally diverse and poor minority populations. The project model and results will be disseminated so that organizations in other rural areas can develop similar programs.

PROJECT: Youth and Family Prevention/Intervention Project (YFIP)

AGENCY: PBA, Inc.—The Second Step
(community organization)
1425 Beaver Avenue
Pittsburgh, PA 15233
(412) 322-8415

CONTACT: Robert H. Harrison, Project Director

TARGET POPULATION: 625 multiethnic children and youth under age 21.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts or at risk of dropping out; pregnant teenagers; low income; parents.

PROJECT AREA: Large urban—city

This project is aimed at preventing the use or misuse of alcohol and other drugs by high-risk youth and families and at reducing teenage pregnancy. Other project goals include improving the parenting skills of teen parents and enhancing the self-esteem of high-risk youth and their families. Community-based program staff and volunteers throughout Allegheny County are being trained in techniques of prevention, intervention, and referral to expand services to high-risk youth and their families.

YFIP is the product of three Pittsburgh agencies experienced in alcohol and other drug abuse prevention, intervention, and treatment. These agencies are PBA, Inc.—The Second Step, Addison Terrace Learning Center (ATLC), and the Center for Crucial Studies (CCS). These agencies have established a consortium with mental health and other community service programs and agencies such as Headstart and the Neighborhood Centers Association, and with local businesses.

YFIP has two types of membership: (1) participating members consisting of high-risk youth, their families, and significant others who need help and (2) resource members consisting of community volunteers who join YFIP to assist project participants by serving as career or lifestyle mentors or by contributing to the project's information-sharing network.

Each of the three involved agencies carries out a distinct set of prevention activities:

- PBA's Right Start Program—assesses family functioning; provides individual counseling to improve parenting skills, in-home assistance, toddlers' daycare and child development assessment during adult clinic visits, and parent group counseling
- CCS—coordinates a Mentors Program involving one-on-one mentor relationships with successful role models, success modeling, and success planning sessions
- ATLC—offers a positive impact program of chemical use prevention, personal growth, and development groups, parenting workshops for pregnant teens and for teen mothers and fathers, and teen sexuality and chemical use workshops for parents of pregnant and parenting teens

YFIP is now expanding its services to public housing youth and their parents and is addressing such problems as poor academic performance and juvenile delinquency. Education programs on AIDS and on alcohol and other drugs are being conducted for youth, parents, and community organizations.

This project's wide range of services should have a positive impact on high-risk youth and their families by promoting recovery from alcohol and other drug abuse and by preventing high-risk youth from getting involved with these chemicals. The project's services for parents should help produce healthier family environments that can help break the intergenerational cycle of alcohol and other drug abuse.

PROJECT: The Foundation Program

AGENCY: St. Vincent College
(higher education institution)
Alfred Hall - 4th floor
Latrobe, PA 15650
(412) 539-9761

CONTACT: Dr. Larry Montemurro, Project Director

TARGET POPULATION: 600 multiethnic children aged 4-12 and adolescents.
Children of alcohol and other drug abusers; low income; parents.

PROJECT AREA: Small urban, suburban, rural—county

This project is a collaborative effort between the staffs of St. Vincent College Drug and Alcohol Prevention Project and the Seton Hill Day Care Center, Inc., which provides quality care for over 400 children. The project has four major components aimed at preventing alcohol and other drug use among the target population: a primary prevention program based on life skills training for high-risk preschool and Head Start children, a training program for preschool Head Start teachers and staffs, a curriculum for Head Start teachers, a parents' training program, and coordination with multiple community service agencies. The program's approach fosters supportive family environments that encourage autonomy for children, and an external community support system that will encourage and reinforce positive coping efforts and transmit positive values.

In the primary prevention program, children learn to develop skills that can protect them from future chemical abuse, including the following:

- The ability to develop nurturing friendships
- Satisfactory educational progress and success orientation
- Decisionmaking and healthy coping strategies
- Development of self-esteem and self-confidence
- Accurate alcohol and other drug information conveyed without using intimidation or scare tactics

In the training program for preschool daycare staff and Head Start teachers, trainees learn about alcohol and other drugs and their effects, how to identify risk factors in children, and how to implement the prevention program. An expanded education/training seminar is being started that deals with such topics as children of alcoholics, the addiction process, and educating for positive growth and development.

Twice a month, prevention project consultants visit the daycare and Head Start centers to provide in-class demonstration lessons for teachers and students. Using these lessons as reference points, teachers can add material that complements their presentations. Teachers are also helped to apply the demonstration activities to their daily interactions with the children. In addition, project staff help teachers review existing alcohol and other drug materials and develop new teaching materials.

In the parents' training program, parents learn about parenting skills, family management, and consistent interaction and reinforcement of their children's learning. Parents also become involved in the alcohol and other drug education of their children and give referrals when needed for help with alcohol and drugs and other problems. Program staff meet monthly with large groups of parents to help them explore their role in preventing alcohol and other drug abuse, to help them build on the life skills training of their children, and to help them strengthen their own self-esteem. The Day Care Center coordinator is available for personal intervention and support to parents through home visits or private sessions at the daycare or Head Start centers. Staff also work with many community agencies to develop and provide adequate services for high-risk youth and their families.

This project is likely to impact thousands of individuals, reducing the incidence of alcohol and other drug abuse among high-risk children and adults. Through interactions with prevention staff, parents will begin taking a more active role in alcohol and other drug abuse prevention.

PROJECT: Targeted Primary Prevention Demonstration Project

AGENCY: Community School District 18
(school district)
755 East 100th Street
Brooklyn, NY 11236
(718) 257-7533

CONTACT: Leah Koenig, Director

TARGET POPULATION: 8,500 multiethnic children aged 5-10.
Children of alcoholics; children of abusive parents; low income; parents.

PROJECT AREA: Large urban school district

There are at least 500,000 children of alcoholics in the schools of New York State. They are at high risk for alcohol and other drug problems, school failure, and teenage pregnancy. This Brooklyn school district program aims to develop and enhance the students' self-esteem, self-concept, and coping skills, and to reduce the likelihood of their becoming involved with alcohol and other drugs. The program seeks to increase these children's awareness of the impact of alcohol and other drug abuse on the family and encourage them to seek help if they are living in families with alcohol and other drug problems and/or violence. Parents are being trained to improve parenting skills and their relationship with their children. Program services include the following:

- Training teachers in the district's 12 elementary schools on early identification of children of alcoholics, on making referrals for these children, and on incorporating prevention concepts into the curricula, i.e., self-concept, stress management, communication, decisionmaking, problem solving, dealing with pain, pleasure without drugs, group dynamics, and the use of alcohol and other drugs
- Student classroom education on preventing alcohol and other drug use
- Weekly support groups for high-risk students and concurrent 15-week parent/child work shops
- One to ten evening family therapy sessions designed to break dysfunctional family patterns; support groups

This program's involvement of schoolteachers and parents should reduce the incidence of alcohol and other drug use among children of alcoholics and help break the intergenerational cycle of chemical dependency. The program model can be replicated in other parts of New York State and the country.

PROJECT: Se Puede

AGENCY: Edgewood Independent School District
(school district)
5358 West Commerce
San Antonio, TX 78237-1399
(512) 433-9412

CONTACT: Norma Flores, Project Director

TARGET POPULATION: 1,800 multiethnic youth aged 12-14.
Children of alcohol and other drug abusers; children of abusive parents; school dropouts or at risk of dropping out; low income; parents.

PROJECT AREA: Large urban—city

This project addresses the problem of widespread student use of alcohol and other drugs resulting in absenteeism, a severe dropout problem, and poor academic performance. A comprehensive primary prevention program has been developed at two schools for students at risk of chemical abuse. About 60 students at each school receive alcohol and drug use intervention services, including intensive counseling, peer support groups, and student leadership training.

Participants attend group counseling sessions on alcohol and other drug use prevention and other sessions addressing feelings, thoughts, behavior, trust, friendship, responsibility, problem-solving, decision-making, taking charge, and influence. Project counselors also give individual and group counseling to that 10 percent of the student population considered most at risk of alcohol and other drug use. Students with alcohol and other drug problems are referred to treatment programs.

All students at these two schools participate in Magic Circle Human Development Program sessions, given initially by project counselors and later by teachers trained to conduct the sessions. Students receive information on the harmful effects of tobacco, alcohol, and other drugs, and learn prevention strategies. Some students are selected for training as peer leaders and continue in this role while new enrollees are given the same training. Peer leaders facilitate peer groups and provide positive role models for fellow students who are at risk of alcohol and other drug use.

The parents' program includes education in alcohol and other drug awareness and training in alcohol and other drug use prevention and parenting skills. Parents from each campus are recruited to serve on the Se Puede advisory council. Se Puede counselors also meet with parents of students who have failed two or more courses during any 6-week period.

Project staff coordinate with community service agencies to ensure adequate services to students. Representatives of these agencies serve on an advisory council for the project.

This project should have a beneficial impact on students in both schools because of its education/prevention efforts with all students and teachers and with the parents of high-risk students. Coordination with community service agencies improves the availability and quality of services for students with alcohol or other drug problems. The model used for this program can be replicated in other schools facing similar alcohol and other drug problems.

PROJECT: Targeted Primary Prevention Services—Homeless Families

AGENCY: Family Services
(nonprofit organization)
500 Lowman Building
107 Cherry Street
Seattle, WA 98104
(206) 461-3883

CONTACT: Cheri McCoubrey, Project Director

TARGET POPULATION: 400 multiethnic children aged 1 month to 10 years.
Children of homeless parents; children of alcohol and other drug abusers; parents.

PROJECT AREA: Large urban—city

The Homeless Families Support Center provides a model primary prevention program for children of homeless families living in two emergency shelters in Seattle. The project is managed by Family Services in collaboration with Seattle Emergency Housing Service, the Downtown Emergency Shelter Program of the Seattle-King County YWCA, and Health Care for the Homeless. Catholic City Services, a State-licensed alcohol and other drug abuse assessment and treatment program, provides additional services and counselors. Other project staff include a therapist, a childcare coordinator, and four childcare advocates working in two daycare centers.

The program offers childcare during the day; priority is given to parents seeking work or housing or meeting with State or local social service agency personnel. Parents are invited to stay with their children, participate with them in a healthy, supportive environment, and discuss childcare issues with the staff. This also allows positive interactions between parents and their children and gives staff more insights into parent/child interactions. This is a time for informal parent education.

Staff also give parenting skills classes once a week and provide childcare at that time. Parents learn about the negative effects on normal child development of homelessness combined with chemical abuse. The staff train parents to use the curriculum of an alcohol and other drug abuse prevention program prepared for children. Those parents identified as having alcohol and other drug problems are referred to treatment programs.

Services for children include an initial assessment discussed with parents. When necessary, staff use crisis intervention followed by longer term therapy. For children leaving the temporary shelter, staff give parents referrals to longer term resources. At the centers, the staff teach children social skills so that they can interact appropriately with other children and stop children from behaving in pathological ways.

Project staff are developing a training curriculum. Issues covered include mental health problems of homeless families in emergency shelters, the role of alcohol and other drug abuse in the family, developmental issues of homeless children, and use of a therapeutic childcare center.

This project benefits parents by giving them free time to seek work, housing, and other resources, as well as valuable help in dealing with a crisis situation. Parent/child relationships improve as a result of the parenting skills courses, and both parents and children become more aware of the devastating effects of alcohol and other drug abuse and homelessness on children. Children benefit from the therapeutic environment of the centers and from the social skills they learn there.

This project bridges an important gap in existing services for the homeless, who are usually neglected by service providers. The project model can be replicated in other communities and will yield such valuable data about prevention with homeless families as:

- the role of environmental chemical abuse in the family before becoming homeless;
- the risk status of children and their potential for future alcohol and other drug abuse; and
- the effects of a stabilized therapeutic childcare program combined with parent education on the attitudes and practices of homeless parents.

PROJECT: The Wilmington Cluster Against Substance Abuse (WCASA)

AGENCY: Office of Prevention
State of Delaware Department of Services for Children, Youth and Their Families
(State agency)
330 East 30th Street
Wilmington, DE 19802
(302) 571-6426

CONTACT: Henry M. Wood, Project Director
L. Larry Baker, Ph.D., Assistant Project Director

TARGET POPULATION: 2,000 multiethnic children and youth aged 9-15.
Children of abusive parents; school dropouts or at risk of dropping out; delinquent; pregnant teenagers; low income; unemployed; gateway drug users; alcohol and other drug abusers; parents.

PROJECT AREA: Small urban—inner city

WCASA is a collaborative effort between the State agency and 10 nonprofit neighborhood centers. The project is aimed at preventing and reducing initial alcohol and other drug use among high-risk youth by means of a holistic health model. Another goal is to enhance the ability of families to prevent chemical use by their high-risk children through a family involvement program. Project staff are ethnically matched to the target population they serve.

The State agency coordinates the project, which is implemented at each center through a series of 11-week sessions. WCASA staff have developed an outreach and referral strategy to increase the number of youth enrolled in the project and to improve the delivery of needed services to youth and their families. WCASA has also established linkages with an army of youth-service agencies including criminal justice, health centers, and schools. Youth with alcohol and other drug problems are referred to community-based treatment centers.

The 11-week program for high-risk youth, called Youth Connection, provides a wide range of activities that promote physical and emotional health, reshape their leisure time, and enhance their social competence and ability to resist alcohol and other drugs. Participants learn about the adverse personal and social consequences of chemical abuse and how to resist negative peer pressure. Peer helpers trained by WCASA act as role models for participating youth and assist the neighborhood center coordinators with outreach and program implementation.

Special emphasis programming entitled "Diversion Programs" have recently been introduced as incentive recruitment devices for youth aged 13-15. These diversions consist of a BMX Bikes Program, Dramatic Arts Club, and Audio-Visual Project. Each activity is complemented with holistic wellness exercises, lectures, and demonstrations on alcohol and other drug use prevention. The Office of Prevention is currently expanding a Martial Arts activity in one center as a fourth diversion for all centers.

The project's Family Involvement Component, entitled WCASA Families Matter, helps parents learn how to manage conflicts with children, to make sound judgments and decisions, and to develop realistic expectations of their children. Parents and their children participate in low cost, enjoyable activities jointly planned by parents and WCASA staff. Parents are made aware of the project activities in which their children are participating to enable them to reinforce their children's learned skills. Parents receive a monthly newsletter that provides information on building better parent/child relationships. In addition, parent support groups are formed at each participating center, resulting in the creation of stronger family/community networks.

An Activity Manual provides guidelines and resources to help neighborhood center coordinators conduct the Youth Connection activities. WCASA also has developed a program brochure for outreach and recruitment, and a Center Coordinator Training Packet. Similarly, the WCASA Families Matter Component has developed a training manual for Family Coordinators who implement the component. The State agency has also developed a WCASA Section in the Office of Prevention Resource Center that lends books, videos, and films throughout the State.

PROJECT: Connecticut Department of Children and Youth Services Targeted Primary Prevention Program

AGENCY: Connecticut State Department of Children/Youth Services
Division of Family Support and Community Living
(State agency)
170 Sigourney Street
Hartford, CT 06105
(203) 566-8180

CONTACT: Ronald R. Rix, Project Coordinator

TARGET POPULATION: 240 multiethnic children and youth aged 10-17.
Children and youth who have been referred to or are on the Department's caseload as victims of parental abuse and/or neglect.

PROJECT AREA: Large urban

This positive youth development program seeks to decrease the risk of alcohol and other drug use by increasing the positive involvement and bonding of children and youth to their families, their peers, and their school and community. The department has coordinated the participation of community-based service providers and its regional offices in the planning and implementation of this project. Children and youth are referred by their caseworkers to the following service components:

- Health promotion and alcohol and other drug use prevention training workshops are conducted using speakers from various health and social service agencies, along with field trips to health clinics, fitness centers, and treatment facilities.
- Social skills training is conducted by program staff focusing on communication, stress management, assertiveness, problem-solving and decisionmaking, and peer resistance. Teaching techniques include role plays, experiential learning, practice sessions, and relaxation techniques.
- Upon completion of the skills training, participants engage in a variety of supervised community involvement opportunities such as: volunteering at a local soup kitchen, neighborhood newspaper, internship in a community service agency, neighborhood cleanups, and campaigns against alcohol and other drug use. Contracts are developed with each participant as to what their commitment will be.

At the completion of each 6-month cycle of this program, a family-oriented graduation is held, in which participants receive recognition for their efforts. In addition, participants are rewarded with positive publicity in the local media, plaques for achievement, and field trips to area attractions.

The department has established these projects in the State's two largest cities, Hartford and Bridgeport, where they subcontract services to local service providers. A part-time evaluation consultant is assisting in data collection and project evaluation.

This program makes a significant contribution toward preventing alcohol and other drug use among an extremely vulnerable population by enhancing the youth's self-esteem and life skills, by establishing a positive peer culture, and by creating opportunities for positive involvement in their families and community.

PROJECT: Gaining Realization of Worth (GROW)

AGENCY: YMCA of Phoenix and Valley of the Sun
(private nonprofit organization)
350 North First Avenue
Phoenix, AZ 85003
(602) 258-0077

CONTACT: George Pohlmann, Project Director

TARGET POPULATION: 1,000+ multiethnic elementary school children.
Latchkey children; parents.

PROJECT AREA: Large urban—city

This afterschool program for high-risk latchkey children is an activity based, indirect approach to alcohol and other drug use prevention. GROW adds an important alcohol and other drug use prevention component to the Prime Time programs coordinated by this YMCA since 1981, currently serving 2,974 children. GROW uses an integrated approach that involves families, schools, peers, and individuals. The program is also sensitive to the specific cultures and needs of different ethnic groups in the target population.

GROW has three major goals for child participants:

1. Increase the participant's sense of self-worth and personal image.
2. Coordinate the children's team membership, sense of loyalty, and leadership-participation skills.
3. Enhance the childrens decisionmaking and judgment skills.

The program fosters healthy child development and a positive self-image. Participants also join positive peer groups. Older children selected by program staff act as positive role models for participants.

Parents learn how to be creative parents. Also parents and children participate together in GROW activities that present a positive alternative to alcohol and other drugs.

The project is being implemented by the YMCA in collaboration with selected elementary school districts and the Phoenix Rotary Club. Project staff have prepared training materials, newsletters, and a brochure describing GROW that have been disseminated to local schools and Rotary Clubs. The staff have also prepared a "How-To" kit describing how to develop a similar program elsewhere.

Latchkey children will emerge from this program with general survival skills in the form of improved self-image, strengthened positive group membership, healthy values, and decisionmaking skills. Participating families will become more cohesive as family relationships improve. Children will therefore be better equipped to resist the temptation of alcohol and other drugs.

This program has the potential for national impact because the GROW model is replicable by other YMCAs, Rotary Clubs, and community organizations that provide children and youth with opportunities for mental, physical, social, and spiritual growth.

PROJECT: Substance Abuse Prevention and Education (SAPE)

AGENCY: New York City Department of Juvenile Justice
(city agency)
365 Broadway
New York, NY 10013
(212) 925-7779 (extension 270)

CONTACT: Joseph Turner, Project Director

TARGET POPULATION: 5,000 multiethnic children in detention.

PROJECT AREA: Large urban—city

Children in detention are at very high risk of alcohol and other drug use. To reduce the frequency and intensity of drug use among children involved in the juvenile justice system, SAPE provides education, counseling, and referral services to children who have been admitted to detention and identified as gateway drug users. The program operates in three facilities—secure detention, nonsecure detention, and aftercare. Youngsters in nonsecure detention and aftercare have access to community programs.

The city's Department of Juvenile Justice is implementing a comprehensive, individualized case management system that includes needs assessment, service planning, service delivery, monitoring of children in detention, and an aftercare program for those who volunteer to participate following their release. SAPE also identifies children who already have alcohol and other drug problems and provides specialized services for them. Upon their release, SAPE refers these children to appropriate community treatment programs. Other program objectives include the following:

- Improve screening methods to learn more about the incidence of gateway drug use among juvenile offenders, identify those at highest risk, and tailor SAPE services to their needs.
- Provide detention-based services like education and counseling to decrease alcohol and other drug problems after release.
- Develop and implement alcohol and other drug curricula for detention populations.
- Create a network of community-based referrals for youngsters who are released.

Program staff work with families, track treatment referrals, monitor treatment programs willing to treat youngsters in the juvenile justice system, and evaluate these programs' effectiveness. Through a case management information system, staff analyze characteristics of successful and unsuccessful participants to help adjust program elements. Monitoring and evaluation will proceed throughout the program to measure achievements toward such objectives as increased treatment referrals, fewer children returning from home visits on drugs, and children's greater knowledge of the dangers of alcohol and other drug use.

This project is making a significant contribution to the prevention of chemical dependency among children who are at the highest risk. Program participants benefit from being exposed to alcohol and other drug use prevention and those with alcohol and/or other drug problems get better help from the expanded network of community-based services developed by this program. In all, SAPE marks an important addition to the Justice Department's ongoing case management initiative; the project is contributing to the development of a comprehensive model that can address the complex problems of children in the juvenile justice system.

PROJECT: Prevention, Intervention, and Education (PIE) Program

AGENCY: Integrity, Inc.
(private nonprofit organization)
103 Lincoln Park, Box 1806
Newark, NJ 07101
(201) 623-0600

CONTACT: Cecilia Zimmerman, Project Director

TARGET POPULATION: 1,000 Black and white children and youth aged 12-18.
Delinquent; gateway drug users.

PROJECT AREA: Large urban—city

This prevention and early intervention project serves teenagers identified as gateway drug users who are referred by the police, family, or juvenile courts and by the juvenile probation system. Almost 80 percent of those youth brought before the courts for delinquency have family problems. Many are at risk of becoming chemically dependent. Those youth assessed as high risk for alcohol and other drug use are referred for counseling.

The program provides a minimum of four 2-hour parent and child education sessions on chemical abuse information and awareness. Intervention focuses on improving parent/child communication, one of the most effective means of preventing alcohol and other drug problems. Participants are given information and educational material that raise their awareness about risk factors, attempt to alter their attitudes toward nonuse, and encourage them to choose a drug-free life. Parents are taught about the risks of alcohol and other drug use and about healthy alternatives. A 3-month followup questionnaire must be returned by the family before a recommendation is made by the program to the court to dismiss the complaint. Those participants who fail to meet program requirements, including parental participation, are referred back to the original referral source.

Previous research on the 4-month pilot program documented a 60-percent success rate 1 year after completion for youth clients who completed the program. Local police departments and parents favor the project because it offers youth a positive alternative to the traditional judicial system. Program results will be shared through a workshop and statewide newsletter. Program staff will also provide technical assistance to other agencies seeking to initiate similar projects.

PROJECT: Target Primary Prevention: The Leadership Project

AGENCY: Project Adventure, Inc. (The Leadership Project, Inc.)
(private nonprofit)
P.O. Box 331, Windham County
Westminster, VT 05158
(603) 756-9030

CONTACT: James M. Grout, Executive Director

TARGET POPULATION: 2,000+ high school students and community members. Multiethnic; low income; gateway drug users.

PROJECT AREA: Rural—regional/county

Alcohol and drug use among adolescents is a serious problem in rural Vermont because of the lack of communication across age groups, a lack of community support for alcohol- and other drug-free activities, and a community perception that the use of alcohol is part of the rite of passage to adulthood. School antidrug policies are not consistently enforced, and there are few sources of help for those with alcohol and other drug problems. Also, minimal cooperation occurs among the small number of local agencies.

This project is addressing these problems through a community-based, 2-year intervention program in three regional high schools. Its goals are to increase awareness of adolescents and adults about the dangers of substance use and to create a community climate in which high-risk youth will seek and have available drug-free activities. Local staff will be trained so that the program can be institutionalized. If it is successful, the program model will be disseminated during the project's third year.

In each area, project coordinators supervise project teams of adolescents and adult representatives from schools, service agencies, and a broad cross-section of the community. Adolescent members range from non-drug users to those who are already part of the drug culture. Team members are trained in group process, communication, and leadership skills.

The program provides workshops, alcohol- and other drug-free social events, chemical abuse education and peer education programs, support groups, and project team presentations. Both the training and activities are aimed at enhancing the self-esteem of high-risk adolescents and at increasing the number who seek help with alcohol and other drug problems. Other program activities include establishing an enforceable school drug/alcohol policy, conducting pilot parent/teen communication evenings, and increasing the number of trained youth group facilitators and adult volunteers who serve as partners with adolescents. The project expects to develop a group of at least 150 adults willing to participate in prevention activities.

This project is likely to produce beneficial results because of its community systems approach to alcohol and other drug use problems in rural areas. It promotes better relations among adolescents as well as between adolescents and their parents and members of the community. This approach creates a community climate conducive to reducing alcohol and other drug use and to promoting a drug-free lifestyle among adolescents.

PROJECT: Booster Sessions: A Targeted Demonstration Approach

AGENCY: Penn State University Institute for Policy Research and Evaluation
(higher education institution)
N248 Burrows Building
University Park, PA 16802
(814) 865-9561

CONTACT: Tena L. St. Pierre, Project Director

TARGET POPULATION: 215 multiethnic teenagers aged 14-17.
Children of single, female-parent families, low income.

PROJECT AREA: Small urban—multi-State

This project is testing the effectiveness of adding a sequential 3-year booster component to the Boys Club of America's Stay SMART program as a means of reducing drug use and early sexual activity among high-risk youths. Stay SMART is a small group prevention program adapted from G. Botvin's Life Skills Training for inclusion in Boys Clubs of America's SMART MOVES prevention program.

Named SMART LEADERS and presented as a peer leader training program, the booster sessions are designed to reinforce skills and knowledge learned in the Stay SMART program. The goal is to help members understand and resist peer and social pressures that promote alcohol and other drug use and early sexual activity. SMART LEADERS also learn to use positive peer influence to help other Club members resist those pressures. Participants learn a number of social and personal skills that enable them to resist negative peer pressure, build their self-confidence, increase their social competence, and develop supportive social relationships.

The target population for the SMART LEADERS booster program consists of members of five Boys Clubs in five States. The staff of these Boys Clubs administer the booster sessions. Five other Boys Clubs serve as one control group (administering "Stay SMART" but not the booster sessions), and four clubs that have no prevention programming serve as another control group.

Project staff are conducting annual process and outcome evaluations on booster sessions and outcome evaluations measuring program effectiveness. Yearly pre- and posttests are administered to project participants and provide information for comparing the three groups' perceptions of their social skills, their knowledge, attitudes, behavioral intentions, and current level of involvement with various drugs and sexual activity. Also, the staff is conducting a 3-year longitudinal outcome evaluation comparing participants in treatment and control groups.

It is anticipated that the booster sessions will make participants more likely to avoid alcohol and other drugs or stop using them, to reject cigarettes, and to delay sexual activity until they are older. These youth should be able to cope more effectively with peer pressure and acquire better decisionmaking skills and more self-confidence. They will serve as positive role models in their communities.

Although evaluations of the Stay SMART program are encouraging, there is concern about how long the positive program results can be sustained. This project tests the theory that prevention programs have longer-lasting effects when they are supplemented by booster sessions. If proven successful, this project can be replicated easily in other Boys Clubs nationwide.

PROJECT: Adolescent Substance Prevention Education Network (ASPEN)

AGENCY: Shawnee/Adolescent Health Center
(community health agency)
811 West Main Street
Carbondale, IL 62901
(618) 529-2621

CONTACT: Tess D. Ford, Project Director

TARGET POPULATION: 6,220 multiethnic youth/young adults aged 12-21.
School dropouts; pregnant teenagers; low income; youth with alcohol or other drug problems.

PROJECT AREA: Rural—10 counties

This program seeks to prevent or reduce the use of alcohol and other drugs among pregnant adolescents by increasing their awareness of the adverse effects of alcohol and other drugs on themselves and on their unborn children, and by teaching them to make healthy life choices. It also involves community networking to enhance resource and referral systems, to strengthen support for adolescents in adopting healthier lifestyles, and to help and encourage these young women in gaining academic and/or vocational education.

Trained healthcare providers using the ASPEN curriculum teach alcohol and other drug use prevention and life skills to high-risk adolescent prenatal patients in three health centers that serve 10 counties in rural Southern Illinois. Most pregnant adolescents in this area are very poor and have high dropout rates from high school. They are at great risk of continuing drug use during their pregnancies. Healthcare staff screen them for alcohol and other drug problems so that appropriate interventions can be undertaken.

The program also offers health awareness, alcohol and other drug use prevention, and life skills courses to nonpregnant 12- to 21-year-olds in the area. All participants learn about decisionmaking, problem-solving, life stressors, and about symptoms of stress and how to reduce it. They also learn how to resist negative peer pressure.

During the first year, ASPEN developed the program model and curriculum, which can be used with other similar programs and populations. ASPEN will submit program results for publication and participate nationally in a process evaluation. The program's target population provides a useful perspective for this evaluation, since these pregnant adolescents constitute a rural, racially balanced, and extremely poor population, most of whom drop out of school.

ASPEN is providing a much-needed service to teenagers who are vulnerable to early pregnancy, alcohol and other drug use, and dropping out of school. Agency staff are also working on a pre-pregnancy media and community awareness project; this primary prevention initiative will provide a more comprehensive approach to the problems of alcohol and other drug use and pregnancy among teenagers.

PROJECT: Targeted Education and Training for Health Service Providers

AGENCY: Hawaii State Department of Health
(State agency)
P.O. Box 3378
Honolulu, HI 96801-9984
(808) 548-4280

CONTACT: Patricia Hunter, Project Director

TARGET POPULATION: 40,000 multiethnic high-risk youth.

PROJECT AREAS: Large urban, small urban, rural

This project provides alcohol and other drug use education and training to mental health workers, to those in allied professions who deal frequently with high-risk youth, and to the entire workforce of the State Department of Health. These professionals are in a key position to intervene effectively and are most committed to act as prevention agents in their communities. Training will enable them to better identify and help young people likely to begin, to continue, or to increase their use of alcohol and other drugs.

Education and training modules are being developed to teach these professionals about the risks of using alcohol and other drugs, about prevention and intervention techniques, and about treatment resources. Project staff will make presentations at the worksite of these professionals to encourage attendance. Videos and curriculum modules will facilitate presentations to providers in rural and isolated areas. There will be an ongoing evaluation of the training to ensure that the curricula are effective and culturally sensitive to the different ethnic groups in Hawaii. By the end of 2 years, almost 5,000 professionals will have received alcohol and other drug use prevention training.

This program will broaden and strengthen prevention and intervention efforts in Hawaii. If all health and human service providers become more knowledgeable and active in prevention and intervention, they will make a substantial contribution to reducing chemical dependency among Hawaiian youth.

Early Intervention Projects

PROJECT: Early Childhood Substance Abuse Prevention Project (ECSAPP)

AGENCY: Tacoma-Pierce County Health Department
(county agency)
3629 South "D" Street, FC 3333
Tacoma, WA 98408
(206) 591-6405

CONTACT: Terry Reid, Project Director

TARGET POPULATION: 9,800 multiethnic children aged 0-8 years.
Children of alcohol and other drug abusers; children of abusive parents; low income; children of teenage parents; parents.

PROJECT AREA: Large urban—county

This prevention project teaches parenting skills to enhance the attachment between parents and their high-risk children, and provides training for both health care providers who serve chemically dependent adults and professionals who work with very young children. The goal is to prevent parenting behaviors that put children at risk for alcohol and other drug use, through provision of the following services:

- Parenting classes for 75 parents of high-risk children
- Parenting classes for 75 parents who are chemically dependent
- Training of staff at daycare centers and Head Start as well as health/mental health professionals to identify alcohol and/or other drug abusing parents early
- Training of chemical dependency counselors to recognize parent/child dysfunction early
- Training of staff at early childhood centers to conduct a child development course.

The class for parents of high-risk children is combined with existing Parenting Plus classes offered by professionals from Head Start, the Center for Child Abuse Prevention Services, a vocational school, and the health department. Parents receive alcohol and other drug abuse education and deal with such issues as cycles of abuse, poor relationships, incomplete grieving, and domestic violence. Parents identified as having problems with alcohol and/or other drugs receive referrals for treatment.

The psychoeducationally oriented classes for parents who are chemically dependent provide support, creative skill building, and role modeling of discipline to replace punitive approaches. Parents participate in activities aimed at strengthening nurturing attachments to their children. The groups are scheduled around methadone maintenance medication times, and childcare is provided. Clients are referred from several treatment agencies.

Identification and referral guidelines have been provided to (1) early childhood personnel from State and Federal Head Start and daycare centers serving low-income, abused and/or emotionally disturbed children and (2) 100 trained health and mental health professionals who serve high-risk parents, including parent education counselors, physicians, and nurses. The training of chemical dependency counselors in early identification of parent/child dysfunction deepens the bonds of counselor relationships with clients and enhances their sensitivity to the family unit. To disseminate the training manual, workshops will be conducted for early childhood, child abuse, and child advocacy organizations at local, State, and National levels.

The project's early intervention specialist is training staff from 12 early childhood centers to conduct the Multi-Service Health, Inc., child development course "I'm So Glad You Asked." This curriculum answers questions on alcohol and other drugs, helps children recognize and express feelings, and develops decision-making and personal safety skills. Consultation and on-site followup training are provided as the curriculum is implemented.

Health department staff have been trained to develop alcohol and other drug abuse components in all appropriate departments, such as Adolescent Pregnancy, Child Health, Crippled Children's Services, Prenatal Women, Infants and Children's Nutrition, and Preschool Health Services.

PROJECT: CODA (Children of Drug Abusers and Alcoholics)

AGENCY: The Southeast Council on Alcoholism and Drug Problems, Inc.
(nonprofit organization)
8515 Florence Avenue, Suite 200
Downey, CA 90240
(213) 923-4545

CONTACT: Peggy Van Fleet and Lynne Appel, Project Directors

TARGET POPULATION: 300 multiethnic children aged 4-10.
Children of alcohol and other drug abusers; parents.

PROJECT AREA: Suburban—section of a city

This project has two goals: to prevent children of identified abusers of alcohol and/or other drugs from using these chemicals, and to help their parents terminate their addiction. The project thus has a treatment component for parents, and refers parents/guardians and family members to other Council components and other treatment modalities.

Program components include the following:

- Support networks with cooperating community service agencies to provide referrals or services to CODA clients, with these agencies informed about the project and the types of children likely to benefit
- 12-week small group intervention sessions (some for monolingual Spanish speakers) with 5 to 8 participants meeting twice weekly; sessions involve play and art therapy, music, dance, and other activities to enhance the children's self-concept and prevent pathological behavior.
- Training of staff in at least 75 percent of the agencies and organizations that refer clients to the project; training covers the CODA concept and how to identify high-risk youth and is offered annually to new agency staff.
- A parent program adapted from the "Children Are People" program, with weekly evening parent meetings (childcare is provided); topics include feelings, defenses, chemical dependency, risks and choices, families, parent/child communication, and improving parenting and communication skills, with referrals for parents who need support services.
- Local program replication during the third year, with one or two local alcohol and other drug prevention agencies being trained to conduct CODA child and parent groups at their site
- Development of a manual to aid other interested groups in establishing a CODA program

CODA should break the intergenerational cycle of alcohol and other drug abuse among the participating families so that far fewer participating children will be at risk between the ages of 10 and 25. Communities will benefit from a reduction in the number of children at high risk. We may learn that generic chemical dependency can be prevented with family intervention at an early age. It is anticipated that this CODA program model can be used by other communities across the country.

This project provides effective services to a population of young people who are largely ignored until they get into serious trouble. For the benefit of children from alcohol or other drug abusing families, CODA integrates some of the traditional helping methods of specialists in mental health and child development.

PROJECT: Child's Intervention Project (CHIP)

AGENCY: Women's Alcoholism Center (WAC)
(nonprofit organization)
2261 Bryant Street
San Francisco, CA 94110
(415) 282-8900

CONTACT: Carmella Woll, Project Director

TARGET POPULATION: 800 multiethnic children per year aged 3-14 and their female parents aged 24-40.
Children of alcohol abusers; victims of incest; low income; latchkey.

PROJECT AREA: Large urban—city

CHIP is demonstrating and evaluating several early intervention strategies targeted at children of alcoholics and their families. WAC operates an outpatient and treatment program for women and children, including specialized groups for children whose parents may or may not be in recovery. The project's goal is to seek the most effective intervention strategies for breaking the intergenerational cycle of chemical dependency.

The following interventions are being undertaken and evaluated:

- Two 10-week parenting skills workshops for 16 recovering alcoholic women per year
- Age-appropriate, therapeutic childcare for 100 children per year while their parents attend monthly parent conferences
- Participation by 10 to 20 parents in monthly conferences relating to their children's individual treatment
- Group therapy for 8 female incest victims per year
- Two 1-day seminars per year for 80 parents on how to talk to children about alcohol and other drugs
- Direct alcohol and other drug education for community gatekeepers and parents
- Outreach through the mass media to 50,000 persons per year
- Production of training manuals on parenting and on conducting support groups for children of addicted parents

Project staff are developing and testing a computer program for evaluating the program that will enable the model to be transferred to other communities.

This project is expected to provide valuable information on the effectiveness of a broad range of intervention strategies targeted at children of alcoholics and their parents. At present, little reliable data exist on what strategies work best. The project makes it possible to evaluate the intergenerational-cycle-interruption intervention approach.

PROJECT: Early Intervention for Adolescent Users of Gateway Drugs

AGENCY: Pine Belt Mental Health and Rehabilitation Services
(community mental health center)
103 South 19th Avenue, P.O. Drawer 1030
Hattiesburg, MS 39401
(601) 544-4641

CONTACT: Amy Adelman, Project Director

TARGET POPULATION: 400 multiethnic children aged 8-20.
Children of alcohol and other drug abusers; at risk of dropping out of school; delinquents; mentally disturbed; gateway drug users.

PROJECT AREA: Small urban—county

This project is designed to increase drug and alcohol awareness and to change attitudes and behavior. Youth targeted by this project are court offenders, students in a dropout prevention center, and residents of a therapeutic group home. Many participants exhibit behaviors and characteristics associated with chemical use and delinquency in later years.

A questionnaire that detects the use of gateway drugs is used to select project participants. Knowledge, attitudes, and behaviors of youth are measured on a scheduled basis to assess what changes are needed and what interventions should be undertaken. Youth are trained in coping skills, their parents learn parenting skills, and both groups are taught alcohol and other drug use prevention techniques.

Project components include the following:

- Use of an early intervention curriculum FACES (Furthering Adolescent Coping through Education and Skills), which includes facts on gateway drugs and strategies to change participants' attitudes about these drugs so that they will reject or stop using them
- An active parenting curriculum that teaches parenting skills, awareness about the dangers of using gateway drugs, and measures to transform families into environments supportive for parents and children
- A parent support network to help sustain positive changes at home
- A Parent Aid Program that pairs parents with volunteers from Families Anonymous and NEED (Neighborhood Educational Enhancement and Development Services)
- A reading program for participants with minimum reading skills as an alternative evening activity to alcohol and other drugs (improved reading skills boost the self-esteem of participants because the most discouraged youth are those who cannot read)
- Wellness programs of exercise and recreation organized by the University of South Mississippi Physical Fitness Institute.

This project is expected to decrease use of gateway drugs by participating youth and their parents, thereby reducing the likelihood that these young people may become chemically dependent. The reading, exercise, and recreation programs offer participants positive alternatives to alcohol and other drugs. Involvement of various community service programs in this project should enhance the quality of intervention services provided to youth and their families and should increase community awareness about the problems facing children and families of alcohol and other drug abusers.

PROJECT: Kansas Early Intervention Project—School Team Training Model

AGENCY: State Department of Social and Rehabilitation Services
(State agency)
2700 West 6th Street, 2nd floor
Topeka, KS 66606-1861
(913) 296-3925

CONTACT: Andrew O'Donovan, Commissioner

TARGET POPULATION: 500 to 750 multiethnic youth aged 13-20.
Children of alcohol and/or other drug abusers; children of abusive parents; pregnant adolescents; low income; gateway drug users; mentally disturbed; users of alcohol and other drugs.

PROJECT AREA: Statewide

This statewide intervention training project incorporates the continuum of care philosophy and the school team training concept. The program is targeted at grade school, junior high, and high school students. The State agency has subcontracted with a local school district program to implement this project. The goal is to arrest the addictive process with students already using alcohol and other drugs and to intervene with students who are at risk because they are children of chemically dependent parents.

Program staff are training 144 teams (432 personnel) in intervention techniques, with five school personnel being trained per school. A training manual has been developed covering the disease concept of addiction; levels of use, misuse, and abuse; and methods for identifying high-risk students and users of alcohol and other drugs.

Trainees develop and implement programs of direct intervention and referral for youth identified as at risk or as having problems with alcohol and other drugs in their schools. Upon identifying alcohol and other drug use or other dysfunctional behavior, school members provide information on available community resources, and develop appropriate school-based responses.

Program staff provide team training as well as technical assistance to teams after they begin the implementation phase. A school team newsletter serves as a statewide resource/information sharing network for all school superintendents, principals, and trained team members. Both the team training and subsequent intervention activities are evaluated by an independent evaluator.

This project bridges an important gap in services to schoolchildren by addressing the specific needs of those who use gateway drugs, are children of chemically dependent parents, or are addicted to alcohol or other drugs. The information-sharing network should help school team members provide high-quality services to the target population.

The school teams approach has proved effective for a number of reasons: school personnel are more committed to the goals of programs they have helped develop; with their combined skills and experience, teams are better problem-solvers than individuals; because community agencies are involved in the project, services are more accessible to at-risk and chemically dependent students.

PROJECT: Early Intervention with Alternative School Students

AGENCY: Immanual Medical Center Addictions Recovery Center
(Medical facility)
6901 North 72nd Street
Omaha, NE 68122
(402) 399-8321

CONTACT: Jerri Royer, Project Director

TARGET POPULATION: 24 multiethnic high school students per year.
Children of alcohol and/or other drug abusers; children of abusive parents; school dropouts; emotionally disturbed; suicidal; gateway drug users; users of alcohol and other drugs.

PROJECT AREA: Suburban—section of a city

The staff of this medical center's adolescent alcohol and other drug use treatment program is coordinating with personnel of the Alternative High School of Nebraska School District 66 to provide comprehensive services for identifying and intervening with drug experimenters among high school students. School personnel report that most students have begun using alcohol, marijuana, tobacco, and/or inhalants. This project is aimed at reducing the incidence of gateway drug use among these students as well as the behavioral problems that are linked to alcohol and other drug use.

In the school setting, center staff provide chemical evaluations, treatment and aftercare, group therapy, and alcohol and other drug education for students showing signs of chemical use or abuse. Chemical evaluations are based on the Youth Diagnostic Screening Test, Alcohol Involvement Scale, and structured interviews with students and parents. The education component includes teaching students about the adverse physical, legal, developmental, social, and personal consequences of drug involvement, with a focus on gateway drugs.

Group therapy with six students per session for a period of 7 weeks enables participants to apply their newly acquired drug knowledge to their lives. Therapy, which is conducted during class periods, covers self-esteem, values clarification, peer pressure, assertiveness, goal setting, alternatives to alcohol and other drug use, and the identification and expression of feelings. The underlying premise of this group approach is that, if adolescents feel better about themselves and feel competent to handle problems, stress, and negative peer pressure, and to get what they want by positive means, they will be less likely to resort to chemicals to meet those needs.

The aftercare group meets once a week during a class period to provide positive peer involvement, support, and the opportunity to plan drug-free leisure activities. Participants are urged to join Alcoholics Anonymous or Narcotics Anonymous so that they can remain free of alcohol or other drugs. The Center's staff consult with the students' parents while their children participate in the project.

An alcohol and other drug abuse counselor participates in meetings of the Alternative School Admissions Committee. The counselor makes recommendations to school staff on chemical evaluation and treatment services for students.

This project is expected to reduce the rate of alcohol and other drug use among this high-risk student population and to reorient the attitudes of these students toward a nonusing lifestyle. Participants are likely to gain higher self-esteem and to behave better at home and school. The involvement of parents in this project should result in healthier home environments.

The strength of this project lies in its coordination of alcohol and other drug abuse service providers and educators to assist drug-using adolescents. Other school districts will be able to replicate this model.

PROJECT: Gateway Project

AGENCY: West Contra Costa County YMCA, Inc.
(community action agency)
4197 Lakeside Drive, Suite 150
Richmond, CA 94806-1942
(415) 233-7070

CONTACT: Alf Johnson, Project Director

TARGET POPULATION: 600 multiethnic junior high school youth.
Children of alcohol and other drug abusers; gateway drug users; low income; parents.

PROJECT AREA: Suburban—county

This project is a joint effort of the West Contra Costa County YMCA and New Perspectives in Richmond, California, and is targeted at junior high school students in the Richmond Unified School District who are gateway drug users as well as the parents of these students. The purpose of the project is to demonstrate that through early intervention and intervention services provided by a coalition of community-based organizations, alcohol and other drug use by early adolescents can be significantly reduced. A second project goal is to develop an effective model program uniting community, school, and parental efforts. Project staff work with community health service agencies and the juvenile justice system. A third project goal is to complete an extensive process and outcome evaluation of the project's effectiveness.

The program provides individual, family, and group counseling for students and parents, afterschool recreation (i.e., sports, field trips, trust walks, rope courses), career guidance, and tutoring, along with case management for students. Students are required to keep written journals of their experiences; materials from their journals are integrated into group counseling exercises. For parents, there are workshops and self-help groups.

The program's case management strategy will be used to maximize family involvement and to ensure that students get the services they need. Education workshops for parents and communities attract families with alcohol and other drug problems to the project. In addition, project staff train teachers, counselors, and others involved in alcohol and other drug abuse education and mental health and provide them with technical support.

Because of the high demand for the project's services, they may be expanded to the school district's high schools. Project staff also plan to enhance social work services for families who feel isolated from mainstream society.

This project's involvement of families and the community will provide a strong support base for helping early adolescents remain drug free and for increasing public awareness of the need for early intervention measures. Through the YMCA's State and National conventions, it will be possible to disseminate this early intervention model nationwide.

PROJECT: Early Intervention with High-Risk Youth

AGENCY: Gateway Community Services
DECC
(private nonprofit)
415 Park Lane
East Lansing, MI 48823
(517)-337-1611

CONTACT: James Gorman, Program Director

TARGET POPULATION: 1,500 multiethnic youth aged 10-15.
Children of alcohol and other drug abusers; children of abusive parents; delinquents; gateway drug users; runaways and homeless children.

PROJECT AREA: Large urban—city

This program provides life skills training to high-risk youth in a group setting to prevent or stop them using or abusing alcohol and other drugs. Program staff conduct life skills training classes of 5 to 12 weekly sessions depending on the needs of the target group. Attendance at these classes ranges from 6 to 15 participants. The classes are given at sites most accessible to these young people, such as schools, juvenile homes, and rehabilitation centers.

The skills taught participants include how to resist persuasion and appeals, make decisions, cope with anxiety, and interact socially. The classes are geared to enhance participants' self-esteem and to help them build positive interpersonal relationships. Participants learn how to interact appropriately with others in different social settings. They also learn about the dangers of alcohol and other drug use.

Project participants will know more about gateway drugs and be able to counter popular myths about these substances. They will know how to resist peer pressure to smoke, drink, or use marijuana. In addition, participants will have higher self-esteem and more successful social relationships.

This program counters the negative family and school influences to which these youngsters have been subjected over the years. The life skills training will therefore make them less likely to engage in alcohol and other drug use, thus stopping the intergenerational cycle of alcohol and other drug addiction.

PROJECT: Early Substance Abuse Intervention Services

AGENCY: Community Services Board
(nonprofit organization)
4715 Bainbridge Boulevard
Chesapeake, VA 23320
(804) 547-3336

CONTACT: Jeffrey Shelton, Project Director

TARGET POPULATION: 15,000 multiethnic youth aged 7-12.
School dropouts; delinquents; gateway drug users.

PROJECT AREA: Small urban—city

This project expands an existing early intervention program that provides training on alcohol and other drug issues to professionals and paraprofessionals of community service agencies serving youth and their parents. The primary goal is to provide parents and community service providers with the knowledge and skills necessary to intervene effectively with youth who have begun using gateway substances and convince these youth to adopt a wholesome, drug-free lifestyle.

Project staff expect to train at least 2,000 youth-serving professionals or paraprofessionals. Staff are also stimulating early intervention referrals from those agencies receiving training and early intervention services. The Community Services Board plans to provide early intervention services for 200 high-risk youth per year.

Intervention services provided by trained professionals and paraprofessionals include the following:

- Peer awareness/education groups in which high-risk youths examine their drug use history and support each other in nonuse; these highly structured groups promote a clearer understanding of drug use, abuse, dependency, and how drug abuse affects relationships, as well as improving the self-esteem of participants.
- Group family alcohol and other drug awareness/education sessions that teach youths and their families about the adverse effects of chemical abuse on families

The trained parents, professionals, and paraprofessionals will be tested on knowledge acquired, number of referrals made for treatment, and outcome of these referrals. The impact of the project on youth will be assessed through such measures as their honoring a nonuse contract, program attendance, school attendance, age-appropriate drug-free activities, and client satisfaction.

Intervention training of youth-serving agency professionals and paraprofessionals should result in a greater number of youth and families being served and an ensuing decrease in alcohol and other drug use or abuse. Fewer young people will end up in the juvenile justice system. Youth participants will improve their academic performance and family relationships. The Community Service Board serves as a catalyst for the coordination and utilization of a full continuum of services for drug-affected adolescents and their families, which should benefit the community as a whole.

This project ceased operation as of March 31, 1989. The project's intervention services are being continued under local and State funding.

PROJECT: SUPER II Early Intervention Demonstration Project

AGENCY: Metropolitan Atlanta Council on Alcohol and Drugs (MACAD)
(community action agency)
2045 Peachtree Road, NE, Suite 215
Atlanta, GA 30309
(404) 351-1800

CONTACT: Dr. Gregg Raduka, Project Director

TARGET POPULATION: 1,750 multiethnic youth aged 11-20.
School dropouts or at risk of dropping out; low income; gateway drug users; parents.

PROJECT AREA: Large urban—city

The SUPER II (Substance Abuse Prevention and Education Resource) project modifies and expands its first program, which has been operating in an afterschool format in 12 metropolitan Atlanta school systems. The program seeks to limit further experimentation or increase in young people's use of gateway drugs, whether used alone or in combination with other illicit drugs.

Targeted youth are taught assertiveness, resistance to negative peer pressure, decisionmaking, and independent thinking along with information about the dangers of drug use. Parents and parent surrogates learn about alcohol and other drug abuse and about how to improve their parenting skills so that they are neither too lenient nor too authoritarian. Both parents and children are taught to improve their communication skills.

SUPER II has extended the earlier program to reach targeted youth and their parents in additional schools and through community agencies serving economically and educationally disadvantaged youth, mostly from single-parent (female) households. The program has trained the staff of three community organizations—the Boys Club of Metropolitan Atlanta, The Girls Club of Metropolitan Atlanta, and Exodus, Inc., an agency providing education to high school dropouts and supportive services to youth at high risk of dropping out. These community staffs deliver program services to the targeted youth of their agencies and select and train youth as role models for the program's two peer skills sessions. A law enforcement officer, who has also received training, is training seven officers of the city's police department to teach the legal aspects section of SUPER II.

This expanded program will help eliminate or curb the use of alcohol and other drugs by the target group who will have enhanced self-esteem, more assertiveness, and more ability to make decisions for themselves. Their parents will know more about the risks of alcohol and other drugs and be better parents.

This program is significant for combining new knowledge of alcohol and other drug abuse interventions with an already existing, nationally recognized early intervention program. SUPER II is making this early intervention model available to a much larger population by working with community organizations.

PROJECT: CUNY Training for Early Intervention Project

AGENCY: John Jay College of Criminal Justice
The City University of New York
(higher education institution)
899 Tenth Avenue
New York, NY 10019
(212) 237-8428

CONTACT: Roberta Blotner Ph.D., Project Director

TARGET POPULATION: 60 counselors for 188,000 multiethnic students of The City University of New York.
40 percent low income; 60 percent minority; gateway drug users; abusers of alcohol and/or other drugs.

PROJECT AREA: Large urban—college campuses

This project has established and is operating student assistance programs to provide counseling and referral services to students who are involved or at risk of becoming involved with alcohol and other drugs. Experts in the field of alcohol and other drug abuse have been training 51 university counselors to operate student assistance programs in the 17 community and 4-year colleges of The City University of New York (CUNY).

Counselors have been learning how to detect students with alcohol and other drug problems, provide them with counseling, and make appropriate referrals for them. Training topics included the nature and assessment of alcohol and other drug use problems, health and other consequences of alcohol and other drug abuse, prevention and intervention strategies, case management, self-help groups, and counseling of students with alcohol and other drug problems.

Student assistance programs vary from campus to campus according to the specific needs of each campus. The teams include assistant deans, faculty, counselors, psychologists, nurses, personnel officers, and student activities personnel. Additional staff, including athletic coaches, security personnel, and faculty are also being trained to identify students who need help and to refer them to student assistance programs. Materials already compiled and distributed include the training curriculum and model, program description, and resource guide for operating student assistant programs. Articles written in university publications have publicized the student assistance program.

John Jay College is planning a statewide conference for sharing training materials, prevention/intervention strategies, and resources between CUNY and other universities in the city and State of New York. Program sponsors are having the project evaluated so that they, staff, researchers, and program developers will determine what constitutes an effective intervention program for young adults.

This is the first time that a university-wide training program has been established in alcohol and other drug use prevention and intervention. This early intervention program provides comprehensive counseling and referral services for all CUNY students and coordinates with other services in New York City as part of an integrated effort to address the drug problem among youth. This model could eventually be replicated in other large urban university campuses.

PROJECT: Early Intervention Using an Interactive Videodisc

AGENCY: University of Cincinnati College of Medicine,
Drug and Poison Information Center
(institute of higher learning)
231 Bethesda Avenue
Cincinnati, OH 45267-0144
(513) 558-9178

CONTACT: E. Don Nelson, Project Director

TARGET POPULATION: 4,500 multiethnic adolescents in five service areas.
School dropouts; pregnant; low income; delinquent; gateway drug users.

PROJECT AREA: Large urban—city

This project uses an interactive laser videodisc software program as an early intervention tool to reach high-risk adolescents using gateway drugs. The software teaches and reinforces appropriate social skills, knowledge, and decisionmaking about alcohol and other drugs.

This program uses four laser videodisc modules (LVMs) covering alcohol, tobacco smoking, drugs and pregnancy, and inhalants. The young viewers can interact with the video in "real life" drug and alcohol situations and see immediately the consequences of their actions.

This demonstration project involves developing, field-testing, and evaluating the program as a new technology in the field of alcohol and other drug abuse that has broad applications and can be easily transferred on a national scale.

The software package has the potential of making a significant impact on adolescent gateway drug users. The program design is responsive to the population being served and the program can be easily adapted for any type of intervention. The interactive nature of this software opens an avenue of communication with youngsters that has not been exploited previously. The program can be modified with the addition of other materials into the LVM system.

A team of experienced alcohol and other drug educators, agency workers, and computer instructors is ready to help others apply the LVM interactive technology. The LVMs this project produces will be available through a national distribution system.

PROJECT: Choice Intervention Alcohol/Drug Program

AGENCY: Buechel Area Neighborhoods Association (BANA)
(community action agency)
3715 Bardstown Road, Suite 303
Louisville, Kentucky 40218
(502) 456-5842

CONTACT: Jim Wilson, Project Director
Al Palmore, Executive Director

TARGET POPULATION: 2,000 white and Black youth aged 10-19 and their families. Gateway drug users

PROJECT AREA: Medium urban—Southeast Jefferson County

CHOICE aims to significantly reduce alcohol and other drug abuse among youth by increasing their awareness of other, more positive life choices. Project staff conduct community-based outreach through existing ties with local agencies. Outreach workers work with these youth and their families, give them referrals for counseling and other services when needed, and get them all involved in drug-free activities.

CHOICE staff have developed educational self-help groups for high-risk youth within the schools during school hours. Such youth are recruited by members of the community and referred by school personnel. Volunteers are continuously being recruited and will be trained to duplicate the outreach work of program staff. They will eventually train other volunteers later in the project to reach the planned target of 30 volunteers by 1990.

Project staff are forming school educational programs; speakers give talks on life issue topics with time allotted for discussion of issues that benefit students, families, and the community. The program also sponsors educational activities that emphasize communication and listening skills, decisionmaking and planning, and how to deal appropriately with feelings in difficult situations. Parents' educational groups are being developed and include alcohol and other drug education, as well as teaching parents how to talk with their kids.

Other projects include providing alcohol and other drug education to adult and children members of religious institutions and religious leaders within the target area.

Project staff have also developed an afterschool educational program with court-referred youth.

Project staff and volunteers are developing community and church resource books listing all drug-free educational, recreational, and social activities available in the community. CHOICE has formed an advisory board of community members; treatment center representatives; religious institution, business, and community leaders; and two recovering high school students. The board meets bimonthly to assist and advise program staff on how the program can better meet local needs. The recovering students visit schools with project staff to tell other young people their stories and encourage them to make the right choices.

Program results will be publicized throughout the country. This program is likely to reduce the incidence of alcohol and other drug use among young people because of its multifaceted intervention strategies and communitywide approach to the problem. In addition, the program's outreach component will involve youth identified as using alcohol or other drugs but not being treated; intervention will reduce the likelihood of these youths become chemically dependent.

PROJECT: Prime Time

AGENCY: The House Next Door
(nonprofit organization)
121 West Pennsylvania Avenue
Deland, FL 32720
(904) 734-7571

CONTACT: Eileen Barbieri, Project Director

TARGET POPULATION: 400 multiethnic youth K-8th grade.
Gateway drug users; parents.

PROJECT AREA: Large urban—statewide

This home-based family intervention program provides early intervention services in the home for families of youth. The program focuses on strengthening the family and improving total family functioning to prevent, reduce, or eliminate adolescent alcohol and other drug use.

Participants refer themselves or are referred by their families, schools, or other social service agencies. Upon referral, both child and parent are screened in depth to evaluate the extent and type of their involvement with alcohol, other drugs, and tobacco. Two counselors are assigned to each family for weekly home visits.

During these visits, which continue over a 3-month period, one counselor works with the parents on parenting techniques while the other teaches emotional development and communication skills to the child. In addition, the counselors facilitate structured family meetings, giving members a chance to practice their newly acquired skills. Parents and children are taught to recognize the early signs of chemical addiction and its legal implications and are given information about available resources. Therapeutic instruction clarifies family roles, values, and relationships and teaches time management, problem-solving, decisionmaking, and assertiveness. Counselors promote family-centered activities and have a reward system for children whose behavior improves.

A brochure has been prepared for distribution to clients and referral sources that summarizes the Prime Time admission criteria and services. To increase public awareness about Prime Time, its staff have launched a vigorous outreach campaign to community associations and county elementary and junior high school guidance counselors. The staff are also preparing an information brochure about alcohol and other drug use.

Project staff anticipate that increasing the strength, unity, and supportiveness of participating families will enable family members to deal constructively with day-to-day stresses and life crises without resorting to chemical use or other self-destructive behavior. The program will also benefit the county's social services system by providing a service not previously available and a valuable place where children and families with few resources can be referred.

Home visits increase the availability of these services to youngsters and their families, particularly minorities who tend to stay away from traditional social service settings. These home visits are less threatening to families; they are also scheduled at the family's convenience so that parents do not have to take time off work. A need for transportation and childcare no longer impedes the family's ability to receive services.

PROJECT: Early Intervention of Drug/Alcohol Abuse Among Youth

AGENCY: Flathead Community C.A.R.E. Core Team
(community agency)
P.O. Box 88
Kalispell, MT 55901
(406) 756-6968

CONTACT: Katherine M. Hopkins, Project Director

TARGET POPULATION: 5,000 Native American and white children and youth, kindergarten to 12th grade.
Gateway drug users; low income

PROJECT AREA: Small urban—regional

C.A.R.E. (Chemical Awareness Responsive Education) was founded 5 years ago by a group of community leaders to prevent alcohol and other drug abuse among children and youth. C.A.R.E. promotes nonuse by minors and responsible use by adults through school and community education and prevention programs. This program includes alcohol and other drug awareness groups in schools facilitated by community and school volunteers, parent awareness, and community education.

The C.A.R.E. Core Team has recently hired a project coordinator, equipped an office, and begun a library to expand its existing program activities. These activities include the following:

- Training of parents, school staff (administrative staff, guidance counselors), law enforcement personnel, human service providers (staff of mental health programs, hospitals, welfare agencies, family service organizations), and selected high school students (nonusers) in alcohol and other drug awareness and prevention strategies. These volunteers then make alcohol and other drug presentations in schools and the community. The volunteers also facilitate small groups in the prevention program. In addition, the C.A.R.E. BEARS who are junior high school students, do performances for elementary school children on alcohol and other drug awareness.
- Public education of parents, school staff, and students, community/citizen organizations, and human service providers
- "Just Say No" Parade, United Way Share Fair, and Regional TV and radio announcements that give information on alcohol and other drug awareness groups and prevention messages
- Linkages with schools, parents' organizations, community/citizen organizations, criminal justice agencies, alcohol and other drug treatment services, and other human service agencies, and self-help groups like Alcoholics Anonymous, Alcoholic Children of Alcoholics, Alateen, and Narcotics Anonymous. These linkages provide for the exchange of information, services, and client referrals.
- Individual counseling for high-risk youth
- A parent networking system for "Just Say No" Club adult leaders meeting at least four times a year
- Monthly notices regarding C.A.R.E. team meetings in the local news media
- A formally developed elementary school curriculum and support groups in elementary schools

This project will centralize resources and increase community awareness of alcohol and other drugs. C.A.R.E. promotion of inservice training, networking, and publicity activities on its alcohol and other drug prevention work should make a positive impact on chemical abuse and on people's knowledge and attitudes toward alcohol and other drugs. Every child in the service area will be familiar with this program.

The project coordinator provides valuable, full-time leadership to a program whose growth was restricted by this lack of leadership and centralized organization.

PROJECT: Assert Yourself: An Early Intervention Peer Program

AGENCY: Student Health Center
Arizona State University
(higher education institution)
Tempe, AZ 85287
(602) 965-7293

CONTACT: Charles T. McDuffie, Project Director

TARGET POPULATION: 1,500 multiethnic undergraduates aged 18-20+.
Gateway drug users.

PROJECT AREA: Small urban.

"Assert Yourself" is designed to demonstrate the effectiveness of a student paraprofessional training program and the use of assertiveness training as an early intervention strategy to curtail drug use among a high-risk college population involved with alcohol, tobacco, and marijuana. This project builds on an alcohol intervention program for college students begun at Arizona State University (ASU) in 1984, a comprehensive survey of drug use and attitudes among ASU members in 1985, and an institutional statement on alcohol and other drug abuse developed in 1986. This program is supervised by a health educator from the ASU Student Health Center.

Paraprofessionals are trained as peer educators to implement interventions that involve drug education and assertiveness training. These strategies, designed to help students resist peer pressure to use drugs, are targeted at students living in university residence halls. Sixteen students reflecting the sex and ethnicity of the target population were recruited for the 40-hour peer paraprofessional training program.

The training program was developed by a health educator and a counselor in assertiveness training under supervision of Student Health Center staff. Topics include the paraprofessional's role, drug education, role modeling, life planning, goal setting and decisionmaking, campus resource and referral techniques, assertiveness, presentation skills, and such ethical concerns as confidentiality. The drug education component includes basic information on alcohol, tobacco, marijuana, and cocaine; adverse effects of these chemicals; current drug use patterns among college students; and the role of peer pressure in drug use. At the end of training, 10 students are selected to conduct the early intervention program.

An advisory board, whose members represent a broad spectrum of student affairs staff and student organizations, provide guidance for the project. A post-treatment evaluation will be made 30 to 45 days after the program has been completed, and student participants will also evaluate the program.

The "Assert Yourself" training model and intervention approach will be shared with higher education institutions in Arizona through a presentation to the Arizona Association of College Student Personnel. The project will also be presented at a national meeting of the American College Personnel Association, the National Association.

Arizona State University expects a reduction in gateway drug use and cocaine as a result of this intervention program, which can be replicated by other higher education institutions. The strength of this project's approach lies in the use of student paraprofessionals as the means to counter negative peer pressure to use gateway drugs and cocaine. Students are more likely to respond favorably to their peers than to authority figures. The project will yield useful data on the effectiveness of peer paraprofessionals in early intervention.

PROJECT: Early Intervention to Counter Drug Abuse Among Youth

AGENCY: Camden County Center for Addictive Disease
(county health center)
1800 Pavillion West
2101 Ferry Avenue, Room 204
Comden, NJ 08104
(609) 757-6472

CONTACT: Mary Ann Clayton

TARGET POPULATION: 240 multiethnic youth aged 12-17.
Chemically dependent; low income; parents.

PROJECT AREA: Suburban, rural, county

This program serves adolescents who are identified as being at risk for more serious problems should their chemical dependency continue. To cure these adolescents, the program offers an intervention model for them and their parents which includes the four following components:

- Outreach and information gathering
- Case finding and client assessment
- Short-term intervention
- Postintervention followup care

Intensive intervention involves 10-week group sessions for adolescents and concurrent groups for their parents during the same time period. Each session has 10 participants.

This project aims to educate and inform parents and adolescents about the dangers of alcohol and other drug use through a program involving community leaders; these leaders describe the negative impact of chemical addiction at their businesses, institutions, and agencies. Other project objectives include improving communication between parents and their children and promoting competence in such skills as decision-making, problem-solving, and self-responsibility.

After attending this program, participants know more about the serious risks associated with alcohol and other drug use and have improved life skills. Adolescent participants are expected to gain positive experience with their families and schools and to reduce or eliminate the use of alcohol and other drugs. Parents will do a better job at parenting and know more about the serious health risks of alcohol and other drug abuse.

The current program is modeled after one previously offered by the agency in 1983 that was successfully completed by 79 percent of the participants. The significance of this program lies in its involvement of parents in their children's recovery process and in provision of followup services that promote permanent recovery for the adolescent. By involving leading community members in its chemical use education, the project helps create a positive community environment that discourages the use of alcohol and other drugs by young people.

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